MAXIMUS Federal Services

Case Number:	CM13-0015782		
Date Assigned:	09/27/2013	Date of Injury:	11/05/2003
Decision Date:	01/23/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California, Connecticut and Pennsylvania. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 67-year-old gentleman who sustained an injury to his low back in a work related accident on November 5, 2003. Recent clinical assessments for review include a July 10, 2013, progress report with [redacted] documenting complaints of left sided mid back pain with intermittent numbness and tingling and aching. The report indicates that recent care has included medication management and the claimant is now having trouble sleeping. Physical examination findings specific to the lower extremities showed the thoracic spine to be with diminished range of motion, tenderness to palpation, and a "positive spring back test" to the left upper extremity. Lumbar evaluation demonstrated no tenderness or documented loss of motion. Neurologic findings to the lower extremities were also not documented. Recommendations at that clinical visit were for electrodiagnostic studies to the upper extremities, a course of formal physical therapy, as well as a referral for MRI scans of the cervical, thoracic and lumbar spine for further treatment. Medication management was continued. The records did not indicate prior imaging in this case.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: Based on California ACOEM Guidelines, MRI of the lumbar spine would not be indicated. The claimant is with chronic complaints of both the mid and low back as well as cervical spine in this case. His most recent clinical assessment failed to demonstrate any degree of neurologic finding that would be indicative of progressive neurologic dysfunction or significant change in the claimant's current symptomatology. Guideline criteria would only recommend the role of MR imaging in the setting of progressive neurologic findings. The specific request in this case is not medically necessary or appropriate.

MRI thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: Based on California ACOEM Guidelines, thoracic MRI would not be indicated. The claimant's physical examination once again fails to demonstrate specific clinical finding to the thoracic spine that would be indicative of the need for MRI scan at this chronic stage in the claimant's clinical course of care without documentation of prior plain film radiographs or information as to any prior imaging that may already have been performed. The specific clinical request in the absence of progressive findings on examination would not be indicated at this time. Thus, the requested MRI is not medically necessary.