MAXIMUS Federal Services

Case Number:	CM13-0018885		
Date Assigned:	06/06/2014	Date of Injury:	07/22/2012
Decision Date:	12/09/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 expert 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 applicant is a represented [redacted] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of February 22, 2012. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 6, 2013, the claims administrator failed to approve a request for a thoracic MRI without contrast. The applicant's attorney subsequently appealed, on August 14, 2013. In an August 18, 2013 Emergency Department note, the applicant reported ongoing complaints of neck, mid back, and low back pain. The applicant did have a history of chronic myelogenous leukemia, it was noted. The attending provider noted that the applicant had been seen by his personal physician and had laboratory testing which showed only mildly elevated liver enzymes and no signs of recurrent chronic myelogenous leukemia. The applicant exhibited a fluent speech, normal gait, and no ataxia. 5/5 lower extremity strength was appreciated. X-rays of the thoracic, cervical, and lumbar spines were all interpreted as negative. The applicant was given Zofran and Percocet in the Emergency Department and discharged on Flexeril, Colace, and Percocet in reportedly stable condition. Subsequent thoracic MRI of September 5, 2013 was notable for degenerative changes of the thoracic spine without definite canal stenosis or neuroforaminal narrowing. In a progress note dated September 6, 2013, the attending provider stated that the applicant presented with diffuse back pain for which he was using Percocet intermittently. The attending provider acknowledged the applicant's recent thoracic MRI demonstrated multilevel disk desiccation, without evidence of cord compression or significant stenosis. The thoracic cord is reportedly normal. The attending provider noted that the applicant's diffuse back symptoms were a function of chronic soft tissue pain and/or underlying degenerative disk disease. The attending provider

acknowledged that the applicant clearly did not require any kind of surgical intervention. In an earlier note dated September 6, 2013, it was acknowledged that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of the Thoracic Spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, page 178 does acknowledge that an imaging study may be appropriate for applicants with neck and/or upper back pain in applicants in whom surgery is being considered for a specific anatomic defect and/or to further evaluate the possibility of potentially serious pathology, such as a tumor, in this case, however, there was no mention of the applicant's considering any kind of surgical intervention involving the thoracic spine. The attending provider acknowledged on several occasions that the applicant did not have any focal upper or lower extremity motor deficits and that the applicant was not, thus, a candidate for any kind of surgical intervention. The requesting provider also acknowledged that the applicant's primary care physician had worked him up in early to mid-2013 and had concluded that the applicant did not have evidence of any leukemia recurrence. MRI imaging of the thoracic spine was not, thus, indicated in the chronic musculoskeletal pain/soft tissue pain context present here. It is further noted that the MRI in question was apparently performed, despite the unfavorable Utilization Review determination and was, furthermore, essentially negative. Therefore, the request is not medically necessary.