MAXIMUS Federal Services

Case Number:	CM13-0021322		
Date Assigned:	03/12/2014	Date of Injury:	02/09/2013
Decision Date:	04/25/2014	UR Denial Date:	08/15/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 31-year-old female with date of injury of 02/09/2013. Per treating physician's report, 04/10/2013, the patient presents with lumbar spine pain, constant, severe, sharp, aggravated by bending activities, reported radiating pain into the legs. The patient also presents with thoracic pain, constant moderate aching aggravated by bending. Diagnostic impressions were lumbar spondylosis with myelopathy, lesion of sciatic nerve, thoracic spondylosis without myelopathy. Recommendation was for 3D MRI of the lumbar spine and thoracic spine to rule out disk herniation's based on examination findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

3D MAGNETIC RESONANCE IMAGING (MRI) OF THE THORACIC AND CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Reed Group/The Medical Disability Advisor, and Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation J Magn Reson Imaging

Decision rationale: This patient presents with persistent low back radiation to both lower extremities and thoracic spine. The treating physician has asked for "3D MRI of thoracic and lumbar spine". MTUS, ACOEM, and ODG Guidelines do not discuss 3D MRI imaging. General magnetic resonance imaging under "routine 3D magnetic resonance imaging of joints" states "additional studies are needed to determine whether these sequences can replace currently used 2D fast spin-echo sequences for providing comprehensive joint assessment in clinical practice". There is yet a medical support for routine uses of 3D MRI above and beyond 2D images that are currently used. Until there is adequate and sufficient medical evidence or routine use of 3D MRI studies, this current request cannot be recommended for authorization.