

Case Number:	CM13-0024584		
Date Assigned:	11/20/2013	Date of Injury:	10/17/2000
Decision Date:	04/29/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/16/2013

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 Internal Medicine and Pulmonary Diseases 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 patient is a 66-year-old male who reported an injury on 10/17/2000; the mechanism of injury was not provided in the medical records. Per evaluation dated 12/11/2007 performed by [REDACTED], the documentation states review of medical records and MRI of the thoracic spine report dated 03/19/2003 indicated mild multilevel degenerative disc disease. The report states there appear to be myelomalacia of the mid thoracic cord from C6-7 to T1 level. The report stated there were no intradural or extradural collections present. There appears to be hypertrophy of the ligamentum flavum primarily within the mid upper thoracic spine more prominent at the C6-7 level which demonstrates some associated narrowing of the left neural Final Determination Letter for IMR Case Number [REDACTED] foramen. The patient is currently taking diabetes, high blood pressure, and cholesterol medications; patient unable to recall names. The patient ambulates utilizing a cane and a walker. The patient states that in 2005 that he underwent low back surgery with [REDACTED], neurosurgeon. The patient states that he received a course of postoperative physical therapy with emphasis to the lumbar spine which he attended for a month. The course consisted of the use of heat. He felt physical therapy was a little helpful. The patient stated in 2007 (exact date unrecalled) he underwent midback surgery with [REDACTED], orthopedic surgeon. . The patient states he did receive a course of postoperative physical therapy with emphasis to the midback, but he only attended 1 session which consisted of the use of heat. The patient feels that this surgery did not diminish his pain and numbness over that area. The patient complains of ongoing pain over his neck. The patient describes the pain as being constant in the terms of frequency. He feels occasional popping and cracking over this area, as well as occasional numbness and tingling. The patient feels tenderness to touch over this area, feels the pain does wake him from sleep on occasion and that the pain is relieved with moving of his neck. The patient also complains of continued pain over his low back, described the pain as being

constant, dull pain over this area. The patient states that he does have difficulty with bending and stooping activities. He feels that his pain is increased with prolonged standing and walking. The patient feels the pain does occasionally awaken him from sleep, does not feel the pain is relieved with changing positions. He states that he avoids heavy lifting and playing sports due to this pain. The patient is only able to lift about a cup of coffee without increasing his pain. A physical exam of the cervical spine reveals tenderness to palpation over the midline, C5-6 level, and the C6-7 level. The thoracic spine examination shows tenderness over the T7-8 through T11-12 levels. Examination of the lumbar spine reveals the patient walks with an antalgic gait to the left. Tenderness to palpation is noted over the bilateral lumbosacral muscles, bilateral L1-2 to the L5-S1 levels, and lateral aspect of the bilateral calves in plantar surface of the bilateral feet. There is a positive Trendelenburg's sign over this area.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE MRI OF THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

Decision rationale: The California MTUS/ACOEM does not cover repeat MRIs. Official Disability Guidelines for low back MRIs state repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (i.e., tumor, infection, fracture, neurocompression, and recurrent disc herniation). Indications for imaging for the thoracic spine would be a neurological deficit. Due to no clinical documentation from a physician since 02/28/2005, there is lack of medical documentation showing the need for a 3rd repeat MRI. There is no documentation showing conservative care, therapy, and medication. Therefore, the request is non-certified.

RETROSPECTIVE MRI OF CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

Decision rationale: The California MTUS/ACOEM does not cover repeat MRIs. Official Disability Guidelines, Low Back Section, Cervical Section MRIs, state repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology (i.e., tumor, infection, fracture, neurocompression, and recurrent disc herniation). Per the last clinical note dated 02/28/2005, there have been no further clinical visits, no documentation providing conservative care, failed conservative care,

therapy, or medications. Therefore, the request for the 3rd repeat MRI does not meet Official Disability Guidelines. Therefore, the request is non-certified.