

Case Number:	CM13-0024935		
Date Assigned:	11/20/2013	Date of Injury:	10/04/2011
Decision Date:	01/14/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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. 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 60 year old male who reported low back and thoracic spine injuries sustained in a work related accident on 10/04/11. The clinical records for review include prior electrodiagnostic studies of the lower extremities done on December 13, 2012 showing a chronic right L5 denervation. Also for review was a lumbar MRI December 13, 2012 that showed the L2-3 level to be with a disc bulge with 4 millimeters of protrusion and left neuroforaminal stenosis. The L5-S1 level is with degenerative changes, a lateral disc protrusion greater on the left with anterolisthesis and a 5 millimeter broad based left lateral disc protrusion resulting in moderate right and moderate to severe left foraminal stenosis. The most recent clinical progress report July 3, 21013 of [REDACTED] documented that he presented with complaints of neck and back pain and noting an interval history that indicated he remained off work and continued utilizing Motrin and Vicodin for his symptoms. His low back complaints were noted to be present 75% of the time radiating to the left greater than right lower extremity. Reviewed at that date was the claimant's prior imaging and a physical examination that showed 5/5 motor strength to the lower extremities as well as diminished light touch in a left S1 dermatomal distribution and a normal gait pattern. The claimant was diagnosed with chronic neck and low back pain with cervical and lumbar radiculopathy. Requests were submitted for MRI scans of the thoracic spine as well as a CT scan of the lumbar spine for further diagnostic workup in this case. More recent physical examination findings or symptoms are not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

A CT scan of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedures. .

Decision rationale: CA MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). The claimant's prior imaging and testing including recent electrodiagnostic studies and MRI scan document a clear clinical picture of L5-S1 radiculopathy consistent with examination findings. It is unclear as to the need for a CT scan of the lumbar spine with the current diagnosis noted to be well established and as such it would not be recommended as medically necessary. The request for a CT scan is not medically necessary and appropriate.

An MRI of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS states that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures). Based on the CA ACOEM Guidelines an MRI scan of the thoracic spine is not indicated. The claimant's physical examination and clinical presentation is not consistent with specific nerve compromise on the neurologic exam and as such there would not be a

medical necessity for the requested MRI of the thoracic spine. The request for an MRI is not medically necessary and appropriate.