

Case Number:	CM13-0031031		
Date Assigned:	12/04/2013	Date of Injury:	08/01/2012
Decision Date:	05/28/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/02/2013

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 & Emergency Medicine and is licensed to practice in Florida. 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 25-year-old man who was injured at work on 08-01-2012. He slipped and fell down stairs and strained and sprained his thoracic spine, left hip, neck and rib cage and sustained a mild compression fracture to T-11. An orthopedic evaluation on 08-19-2013 described the findings of the thoracic spine MRI and stated that the T8-9 and T7-8 disk bulges and protrusions seen are clinically insignificant and not related to the numerous pain complaints. No significant lumbar derangement was noted by the orthopedist. The patient was referred to pain management because of ongoing pain complaints. An evaluation on 08-19-2013 described complaints of multi-focal, but localized pains to the neck, low back and middle back with no symptoms in the extremities, and no referred pains to the anterior chest. The exam did not demonstrate any findings of lumbar derangement or lumbar radiculopathy. There was localized thoracic region tenderness, but no findings of thoracic radiculopathy or myelopathy were noted. An Epidural Steroid Injection (ESI) was requested, but was deemed to be unnecessary to treat a compression fracture without significant disk derangement, radiculopathy or myelopathy. A lumbar MRI was non-certified on 09/09/13 due to lack of documentation of a significant lumbar injury or findings on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303,309.

Decision rationale: The Medical Treatment Utilization Schedule ACOEM Guidelines state 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. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. They further note that MRI is recommended when cauda equina, tumor, infection, or fracture is strongly suspected and plain radiographs are negative. In this case, there are not unequivocal findings of nerve compromise or evidence of cauda equina syndrome, tumor, infection, or fracture. Therefore, the medical record does not document the medical necessity for an MRI of the lumbar spine.