

Case Number:	CM13-0034338		
Date Assigned:	12/06/2013	Date of Injury:	11/01/2011
Decision Date:	02/28/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/14/2013

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 Internal Medicine and Cardiology, has a subspecialty in Cardiovascular Disease and is licensed to practice in Texas. 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 patient is a 41-year-old male who reported injury on 11/01/2011. The injury resulted from the patient carrying a sofa. The patient was noted to have a previous lumbar and thoracic MRI on 03/16/2012. The patient was noted to have evidence of disc herniations at T5-6 and T7-8. The patient's diagnoses were noted to include thoracic disc prolapse and lumbar disc prolapse. The request was made for an MRI of the lumbar spine, MRI of the thoracic spine, and a referral for a spine consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Guidelines, ACOM MRI: Recommended for Sub-Acute and Chronic Radicular Pain Syndromes (Moderate Evidence (B)).

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 Chapter, MRI.

Decision rationale: California MTUS and ACOEM Guidelines do not address repeat MRIs. Official Disability Guidelines recommend a repeat MRI for patients who have a significant change in symptoms and/or findings suggestive of a significant pathology. The clinical documentation submitted for review indicated the patient underwent a lumbar and thoracic spine MRI on 03/16/2012 which revealed the patient had disc herniations at T5-6 and T7-8. The patient's physical examination revealed tenderness with spasm, a positive straight leg raise, positive Yeoman's, positive Kemp's and restricted range of motion. It was noted that the patient's pain was worsening. However, clinical documentation failed to provide the patient had a significant change in symptoms and/or findings suggestive of a significant pathology. Given the above, the request for an MRI of the lumbar spine is not medically necessary.

An MRI of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOM MRI: Recommended for Sub-Acute and Chronic Radicular Pain Syndromes (Moderate Evidence (B)).

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 Chapter.

Decision rationale: The Physician Reviewer's decision rationale: California MTUS and ACOEM Guidelines do not address repeat MRIs. Official Disability Guidelines recommend a repeat MRI for patients who have a significant change in symptoms and/or findings suggestive of a significant pathology. Clinical documentation submitted for review indicated the patient underwent a lumbar and thoracic spine MRI on 03/16/2012 which revealed the patient had disc herniations at T5-6 and T7-8. The patient's physical examination revealed tenderness with spasm, a positive straight leg raise, positive Yeoman's, positive Kemp's and restricted range of motion. It was noted that the patient's pain was worsening. However, clinical documentation failed to provide the patient had a significant change in symptoms and/or findings suggestive of a significant pathology. Given the above, the request for an MRI of the thoracic spine is not medically necessary.

spine consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOM MRI: Recommended for Sub-Acute and Chronic Radicular Pain Syndromes (Moderate Evidence (B)).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The Physician Reviewer's decision rationale: ACOEM Guidelines recommend a surgical consultation for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies with accompanying objective signs of neural compromise. Additionally, they should have activity limitations due to

radiating pain for more than 1 month or extreme progression of lower leg symptoms and have clear clinical imaging and electrophysiologic evidence of a lesion that has been shown to benefit in the long and short term from surgical repair as well as failure of conservative treatment to resolve disabling or radicular symptoms. Clinical documentation submitted for review failed to provide the position and that the patient discussed surgery. Additionally, it failed to provide documentation of severe and disabling lower leg symptoms with signs of neural compromise as the patient was noted to have a positive straight leg raise, positive Yeoman's, and positive Kemp's with restricted range of motion. However, the straight leg raise failed to indicate if the patient had radiating pain. Given the above, lack of indications if the patient was a surgical candidate, and objective findings upon examination, the request for a referral for spine consult is not medically necessary.