

Case Number:	CM13-0038048		
Date Assigned:	12/18/2013	Date of Injury:	11/26/2012
Decision Date:	04/28/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	10/24/2013

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 & Rehabilitation 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 28-year-old male who reported an injury on 11/26/2012. The mechanism of injury was noted to be the patient was pulling a jack when the handle became loose and fell back, and the patient hit a safety cable and fell over backwards flipping over, and grabbed the cable and was slammed against a concrete floor. The documentation of 10/02/213 revealed the patient had tried conservative treatment including chiropractic care, physical therapy and heat with some improvement. The physical examination revealed the patient had 5/5 reflexes bilaterally with the exception of the patella reflex bilateral of 2/4 and Achilles bilaterally of 1/4 the patient had Final Determination Letter for IMR Case Number [REDACTED] 3 tenderness to the paraspinous and SI joint. The SI joint was noted to be tender bilaterally and the buttock was noted to be tender on the right. The patient had mild spasms within the musculature of the lumbar spine and the patient's sensation was intact to light touch. The patient had a thoracic x-ray of the lumbar spine, which indicated there was narrowing of the disc space at L5-S1 and straightening of the lumbar lordosis. The patient's diagnoses included lumbago, pain of the lumbar spine, pain the thoracic spine, and lumbar disc degeneration. The patient had extensive conservative treatment with minimum improvement. The physician's plan included an MRI of the thoracic and lumbar spine to rule out possibilities of disc disease and neuropathic impingement, especially in the lumbar spine region. The physician opined that he may consider a thoracic versus lumbar spine epidural steroid injection dependent upon the MRI results. The clinical documentation indicated the patient had been approved for a lumbar MRI recently.

IMR ISSUES, DECISIONS AND RATIONALES

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

THORACIC SPINE MRI WITHOUT CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: ACOEM Guidelines indicate that unequivocal objective findings that identify specific nerve root compromise on the neurologic examination are sufficient to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. The clinical documentation submitted for review failed to provide myotomal or dermatomal findings in the thoracic spine. Additionally, there was a lack of documentation indicating the specific treatment that had been obtained for the thoracic spine. Given the above, the request for an MRI of the thoracic spine is not medically necessary and appropriate.