

Case Number:	CM13-0059846		
Date Assigned:	12/30/2013	Date of Injury:	07/04/2011
Decision Date:	05/08/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/02/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 37 year old male who was injured on 07/04/2011 while he was building his pallet, another employee riding a pallet jack, knocked him to the ground. He reports low back pain with radiation into the legs with numbness and tingling. Prior treatment history has included epidural steroid injection on 11/16/2011 which did not help; physical therapy without benefit; Naproxen, Hydrocodone, Tizanidine, and Prilosec. The diagnostic studies reviewed include NCV performed on 04/26/2012 showed lumbosacral plexopathy and an L5-S1 radiculopathy; clinical correlation was recommended. NCV/SSEP dated 04/20/2012 revealed a lumbosacral plexopathy and an L5-S1 radiculopathy; abnormal EMG of the lumbar spine and lower extremities in a pattern consistent with a bilateral L4 radiculopathy with acute denervation on the left and a bilateral S1 radiculopathy. The recommendation was for continued conservative care for symptomatic relief. EMG and NCV dated 03/19/2012 revealed a normal study with no electrodiagnostic evidence of neuropathy or lumbosacral radiculopathy at left lower extremity. PR2 dated 11/14/2013 stated the patient was still having extreme symptomatology with his pain not being able to be relieved by even some of the more sophisticated medicinal regimens. He has extreme anxiety and pain and he was leaning heavily on his cane. The objective findings on exam revealed a long scar in the thoracic region. Lumbar range of motion was decreased with pain. He walked with an antalgic gait and used a cane. He had tenderness and spasm in the lumbar spine paraspinous columns. He had positive straight leg raise bilateral, right greater than left. There was sensory loss in the right lower extremity with depressed patellar and Achilles reflexes on the right. The patient was diagnosed with disc protrusion L4-5 and L5-S1; right lower extremity radiculopathy of the lumbar, sleep disorder, musculoligamentous injury lumbar, and status post tumor removal in the thoracic spine. A MRI

of the lumbar spine with and without contrast was requested as well as an EMG/NCV of the bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 171-172.

Decision rationale: According to the California MTUS guidelines for neck and upper back, the need for additional imaging studies is reserved for patients with red flag signs. The medical records document the patient with lumbosacral complaints and objective findings. There is no documentation of prior x-rays or clinical signs of ligamentous instability nor is there chronic pain documented with at least 3 months of tried conservative treatment for the thoracic spine. Based on the documentation provided and reviewed and the guidelines cited above, the request for a thoracic spine MRI is not medically necessary.