

Case Number:	CM13-0062635		
Date Assigned:	12/30/2013	Date of Injury:	08/09/2011
Decision Date:	04/04/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 44-year-old male with a date of injury of 8/9/11. The listed diagnoses are lumbar facet syndrome, lumbar discogenic pain, thoracic myelopathy, chronic pain syndrome, lumbar strain or sprain, and lumbosacral radiculopathy. According to the report dated 8/1/13, this patient presents with continued back pain. It was noted that patient has pre-existing probable thoracic myelopathy and history of thoracolumbar spine/abdominal surgery from 1992 with probable residual foot drop on right. Report notes from 1/7/13 state that the patient's complaints are consistent with foot drop secondary to myelopathy with pain syndrome, more likely attributed to the fall and secondary radicular and mechanical pain. An MRI from 4/25/13 revealed post thoracic lumbar fusion with hardware at T11-L2.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for an x-ray of the thoracic spine: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS/ACOEM guidelines do not specifically discuss x-rays for the thoracic spine. However, the Official Disability Guidelines state that x-rays can be obtained post-surgery to evaluate status of fusion, or history of prior surgery. Review of the provided reports does not show that this patient has had a recent prior x-rays. The patient has fusion with hardware from T11-L2 from 2011. Given the lack of prior x-rays, a set of x-rays are reasonable and consistent with the ODG. As such, the request is certified.