MAXIMUS Federal Services

Case Number:	CM13-0063556		
Date Assigned:	06/09/2014	Date of Injury:	03/22/2011
Decision Date:	07/29/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/10/2013

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, Pulmonary Diseases 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 injured worker is a 42-year-old male who reported injury on 03/22/2011. The mechanism of injury is unknown. The injured worker complained of chronic low back pain rated at 8/10 on VAS. Physical examination revealed standing range of motion was 20 degrees. Seated straight leg raising was 60 degrees on the right and 70 degrees on the left. Toe walking was diminished bilaterally with great effort secondary to pain. Heel to toe raising was diminished secondary to pain. Transfers were slow. Gait was broad-based. Knee reflexes were 2. Ankle reflexes were 1 to 2 on right and left were trace. Motor strength was 5/5. Diagnostics include MRI of the lumbar spine L1-2, L2-3, and L3-4 on 04/21/2014; MRI of the lumbar spine L1-2, L2-3, and L3-4 on 07/05/2013; CT on 10/01/2013; radiograph of lumbar spine L4-S1 on 11/07/2013; and CT of L4-S1 on 11/07/2013. The injured worker has diagnoses of lumbar spine herniation; status postoperative L4-5, L5-S1 global arthrodesis; mild bulging at T11-12 anterior kyphotic deformity; persistent axial low back pain status post fusion radicular pain; and depression and anxiety. Past treatment includes physical therapy, psychological evaluations, and medication therapy. Medications include Percocet, Norco, and Tramadol. No duration or frequency was noted in the submitted reports. The current treatment plan is for diagnostic MRI of the thoracic spine. The rationale was not submitted for review. The request for authorization form was submitted 11/22/2013 by [redacted].

IMR ISSUES, DECISIONS AND RATIONALES

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

DIAGNOSTIC MRI OF THE THORACIC SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker complained of chronic back pain, rated an 8/10 on VAS. ACOEM Guidelines indicate that there is to be unequivocal objective findings that identify specific nerve compromise on the neurologic examination. Sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The submitted reports indicate that the injured worker has already had several MRIs. Guidelines stipulate that there is to be an MRI if there has been unequivocal objective findings that identify specific nerve compromise. There was no evidence of any substantial changes to the injured worker's thoracic spine to warrant a MRI. The report also lacked any concrete evidence as to whether there was compromised neurologic damage. The Guidelines state when neurologic examination is less clear, you are more likely to get a false reading on a MRI. Furthermore, the request lacked a specific level of the thoracic spine to be MRI'd. As such, the request for diagnostic MRI of the thoracic spine is not medically necessary and appropriate.