

Case Number:	CM13-0065344		
Date Assigned:	01/03/2014	Date of Injury:	08/05/2013
Decision Date:	05/19/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/13/2013

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, 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 44 year old female who was injured on 08/05/2013 while she tripped over some toys causing her to fall on the concrete floor on her bilateral knees and elbow. Prior treatment history has included physical therapy, back and elbow support, a knee brace and medications such as Norco which does not provide her relief. Diagnostic studies reviewed include MRI of the lumbar spine dated 11/06/2013 revealing a 2.8 mm disc bulge at L3-L4 and mild bilateral facet arthrosis is noted. An MRI of the thoracic spine dated 11/06/2013 revealed no disc herniation, spinal canal stenosis or neural foraminal narrowing is visualized. Progress note dated 11/20/2013 documented the patient to have complaints of low back pain, left elbow pain and mid back pain with spasm. The patient also complains of right knee pain. The patient rates his pain on a visual analogue scale as 4/10, increases to 6/10. Objective findings on exam included examination of the lumbar spine showing tenderness in the lumbar spine at L3 through L5 and associated paraspinal muscles. There is appositive Kemp's test bilaterally. There is pain with range of motion of the lumbar spine. Flexion was 30 degrees, extension 10 degrees and right and left lateral bending 10 degrees. Examination of the thoracic spine revealed tenderness at T6, T7 and T8 and associated paraspinal muscles.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low back, MRIs (magnetic resonance imaging).

Decision rationale: According to the ACOEM guidelines, the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines state imaging indications for MR imaging of the thoracic spine is evidence of thoracic spine trauma with neurological deficit. The Official Disability Guidelines repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). The medical records document that an MRI of the thoracic spine dated 11/06/2013 revealed no disc herniation, spinal canal stenosis or neural foraminal narrowing is visualized. Progress note dated 11/20/2013 documents the physical examination demonstrated tenderness in the mid-thoracic region. The medical records do not establish any significant change in the patient's symptoms or findings to suggest significant pathology is present. In accordance with the evidence-based guidelines, the request for MRI of the thoracic spine is not medically necessary.

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 ODG-TWC ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back, MRIs (magnetic resonance imaging).

Decision rationale: According to the ACOEM guidelines, the criteria for ordering imaging studies are: Emergence of a red flag; Physiologic evidence of tissue insult or neurologic dysfunction; Failure to progress in a strengthening program intended to avoid surgery; and Clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines state imaging indications for MR imaging of the lumbar spine is evidence of lumbar spine trauma with neurological deficit. The Official Disability Guidelines repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, and recurrent disc herniation). The medical records document that an MRI of the lumbar spine dated 11/06/2013 revealing a 2.8 mm disc bulge at L3-L4 and mild bilateral facet arthrosis is noted. Progress note dated 11/20/2013 documents the physical examination demonstrated tenderness in the lumbar spine region, positive Kemp's test bilaterally, and pain with decreased range of

motion of the lumbar spine. The medical records do not establish any significant change in the patient's symptoms or findings to suggest significant pathology is present. Based on the ACOEM and ODG guidelines and criteria as well as the clinical documentation stated above, the request for lumbar spine MRI is not medically necessary.