

Case Number:	CM13-0070627		
Date Assigned:	01/08/2014	Date of Injury:	07/04/2011
Decision Date:	06/13/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/24/2013

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 and Rehabilitation, has a subspecialty in Pain Management, 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 with an injury date on July 4, 2011. Based on the AME on December 10, 2013 provided by [REDACTED] the diagnosis is lumbar sprain with small herniated nucleus pulposus at L4-L5. Exam on 12/10/13 showed "slow, cautious gait. Thoracic midline tenderness. Thoracic paraspinal spasm moderate bilaterally. Flexion: 60° with moderate pain posteriorly. Extension: -10°. Rotation: Right 15°. Left 15°. Straight leg raise positive at 55°." [REDACTED] is requesting MRI of thoracic spine with/without contrast. On January 2013, patient underwent MRI of T-spine and multilevel thoracic laminectomy and schwannoma was removed from spinal canal. Patient had repeat T-spine MRI in August 2013 which showed "normal kyphotic curve. Frontal plane alignment is straight. No pedicle implants. No disc space implants. Normal vertebrae and disc spaces. No osteophyte formation. Thoracic laminectomies from L7 to T1 noted" per December 10, 2013 AME. The utilization review determination being challenged is dated November 11, 2013. [REDACTED] is the requesting provider, and provided an AME by [REDACTED] from December 10, 2013

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THORACIC SPINE WITH/ WITHOUT CONTRAST: 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 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Lower Back Chapter, Protocols.

Decision rationale: This patient presents with pain in thoracic spine radiating into right thigh and is s/p thoracic surgery from January 2013 for laminectomy. The treater has asked MRI of thoracic spine with/without contrast but request for authorization and progress report containing the request is missing. Review of the 12/10/13 AME shows no mention of request for T-spine MRI. ODG guidelines state: "Repeat MRI's are indicated only if there has been progression of neurologic deficit." In this case, the treater has asked for repeat MRI of thoracic spine but does not provide any rationale for repeating the MRI. The patient already had an MRI from August 2013, after thoracic spine surgery. Without the treater's progress report containing the request or the "request for authorization" form providing the date of request, one cannot tell whether or not we are discussing the MRI from Aug 2013 or another set of MRI has been requested and for what reason. Without description of the patient's symptoms, any red flags, or deterioration neurologically, there was no reason to obtain another MRI. The request for an MRI of thoracic spine with/without contrast is not medically necessary or appropriate.