

Case Number:	CM14-0007518		
Date Assigned:	01/24/2014	Date of Injury:	10/04/2013
Decision Date:	10/29/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/16/2013

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 46 year old male with an industrial injury date of 10/04/2013, secondary to CT. He was diagnosed with lumbar sprain/strain, left abdominal strain. A prior peer review completed on 11/19/2013 non-certified the request for initial MRI of the thoracic spine. The request was not consistent with guidelines, and the medical necessity was not established. The requests for MRI of the lumbar spine and abdominal were authorized. According to the initial consultation report dated 10/24/2013, the patient reports he recalled specific pain in 2009 in the low back and development of stomach pain over time. He complains of constant lower back pain rated 7/10 with occasional sharp shooting pains into the left leg more on the anterior medial aspect of the thigh. It does not pass the level of the thigh and groin, and does not extend beyond the level of the knee. Pain increases with activities such as mowing lawns after approximately five minutes, prolonged sitting, and lying down. He also describes intermittent abdominal pain in the ventral left aspect. He denies taking any medications. He was terminated on 10/4/2013. Physical examination of the back documents tenderness of lumbar paraspinal musculature from thoracic lumbar junction through L3, normal lumbar ROM without pain, positive SLR at 90 degrees on the left for pain in the L1-L3 region, ability to toe/heel walk, 2/2 deep tendon reflexes, 5/5 motor strength, and intact sensation except for slight hyperesthesias to the left anterior thigh and groin at L2 dermatomal level. Diagnoses are lumbar spine sprain/strain, rule out disc involvement thoracic lumbar region, left abdominal strain, and rule out ventral hernia. Treatment plan indicates the patient declines use of medications, order MRI of thoracic, lumbar, and abdomen, and initiate chiropractic physical therapy three times a week for four weeks to the low back. The patient is placed on TTD work status.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Of The Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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 Official Disability Guidelines and 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- Clarification of the anatomy prior to an invasive procedureMRIs (magnetic resonance imaging)Indications for imaging -- Magnetic resonance imaging:- Thoracic spine trauma: with neurological deficitWith the exception of tenderness at the thoracic-lumbar junction, which is somewhat of a vague subjective finding, the medical report does not document any physical examination findings pertaining to the thoracic spine region. Tenderness on examination does not warrant MRI study. The patient had been authorized MRI of the lumbar spine to evaluate the patient's complaints and objective findings. The request for an MRI of the thoracic spine is not supported by the guidelines; the medical necessity of the request is not established.