

Case Number:	CM14-0101268		
Date Assigned:	07/30/2014	Date of Injury:	04/04/2012
Decision Date:	09/23/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	07/01/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for mid and low back pain reportedly associated with an industrial injury of April 4, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and unspecified amounts of chiropractic manipulative therapy. In a Utilization Review Report dated May 28, 2014, the claims administrator denied a request for thoracic and lumbar MRI imaging, invoking non-MTUS ODG guidelines, although the MTUS did, in fact, address both issues at hand. The applicant's attorney subsequently appealed. In a May 6, 2014 progress note, the applicant reported 4/10 mid and low back pain. The applicant denied any numbness or tingling about the lower extremities and denied any leg weakness, it was acknowledged. The applicant stated that the pain in question was non-radiating. The applicant was returned to regular duty work. Additional chiropractic manipulative therapy was endorsed. The applicant was described as neurologically intact, with normal heel and toe ambulation, normal lower extremity reflexes, and normal lower extremity sensorium. Despite the normal neurologic exam, MRI imaging of the thoracic and lumbar spines were sought to rule out diskogenic disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Thoracic Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, page 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings in preparation for an invasive procedure, in this case, however, the applicant's clinical presentation argues against any neurological compromise associated with the thoracic spine. The applicant was described as exhibiting a normal neurologic exam. The applicant had no evidence of altered sensorium, altered reflexes, or limb weakness. The applicant specifically denied any radiating pain. There was no evidence that the applicant was actively considering or contemplating any kind of invasive procedure involving the thoracic spine. Therefore, the request is not medically necessary.

MRI of Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, as with the request for thoracic MRI imaging, however, there is no evidence that the applicant is actively considering or contemplating any kind of surgical procedure involving the lumbar spine. The applicant's presentation did not, furthermore, suggest any nerve root compromise about the lumbar spine or lower extremities. Therefore, the request is not medically necessary.