

Case Number:	CM14-0110834		
Date Assigned:	08/01/2014	Date of Injury:	06/15/2000
Decision Date:	09/09/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/16/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 56-year-old male with a reported injury on 06/15/2000. The mechanism of injury was a twisting injury. His diagnoses included displacement lumbar disc without myelopathy, cervical cranial syndrome, degenerative cervical intervertebral disc disease, lumbago, thoracic/lumbosacral, neuritis, radiculitis, degenerative lumbosacral and vertebral disc disease, and cervicgia, unspecified myalgia and myositis, spasms of the muscle, and post laminectomy syndrome of the lumbar region. The injured worker has had previous treatments of epidural steroidal injections, medications, the use of a brace, trigger point injections. The injured worker had a previous CT scan on 10/2011 and also an MRI previously in 2011. The injured worker underwent a laminectomy on 07/12/2012 and a lumbar fusion previously. The injured worker had a physical examination on 06/30/2014 with continued complaints of pain to his neck and low back. He reported having difficulty ambulating and difficulty filling his medications. He rated his pain at 10/10, and his functional level at 9/10. The examination showed that he had low back pain when he was sitting down with ongoing T level pain and hardware pain. He was using a cane at this visit for ambulation, and he did continue to have an antalgic gait. The medication list consisted of Cymbalta, Fentora, Miralax, morphine, Prilosec, Trazodone and Valium. The recommended plan of treatment was to continue his medications for pain management. The Request for Authorization and the rationale were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the thoracic spine, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back complaints, MRI.

Decision rationale: The request for an MRI of the thoracic spine is non-certified. The California MTUS/ACOEM Guidelines recommend an MRI if physiologic evidence indicates tissue insult or nerve impairment. The Official Disability Guidelines recommend an MRI if there is suspected thoracic spine trauma with neurological deficit. MRIs are considered the test of choice for patients with prior back surgery. For uncomplicated low back pain with radiculopathy an MRI is not recommended until at least 1 month of conservative therapy has been completed. There is a lack of documentation indicating the injured worker has completed any recent conservative care. There is no documentation or examination provided to suggest a neurological deficit. The requesting physician's rationale for the request is not indicated within the provided documentation. Therefore, the MRI of the thoracic spine is non-certified.