MAXIMUS Federal Services

Case Number:	CM14-0114574		
Date Assigned:	08/04/2014	Date of Injury:	06/04/2001
Decision Date:	09/17/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 50 year old male with complaints of pain of the lumbar spine, shoulders, and knees, and right ankle. The date of injury is 6/4/01 and the mechanism of injury is a fall injury, falling out of a trailer, causing an ankle injury which led to multiple surgeries, ambulatory instability and further fall injuries, and increasing low back pain. At the time of request for MRI of the thoracic spine without contrast, there is subjective (low back pain, right leg pain) and objective (tenderness to palpation over the lumbosacral junction right greater than left, decreased sensation over the right lower extremity, medial and lateral thigh, medial and lateral lower leg, dorsum and plantar surface of the foot) findings, imaging findings (MRI lumbar spine dated 5/5/14 shows L3/4 disc desiccation with anterior disc osteophyte complex 2mm, bilateral facet joint arthropathy, L4/5 bilateral facet joint arthropathy with encroachment of exiting nerve roots right side by the hypertrophied facet joint, L5/S1 disc desiccation with mild facet disease, synovial cyst identified posterior aspect left facet measuring 5mm), diagnoses (low back pain with radiculopathy and sacroiliac joint dysfunction), and diagnostic/therapeutic treatment(s) to date (MRI studies ankle, lumbar spine, right knee, shoulders; surgeries right ankle; EMG testing right lower extremity; psychological evaluation). In regards to the request for thoracic MRI, MRI is not recommended for the evaluation of patients with non-specific chronic cervicothoracic pain or in this case absence of cervicothoracic pain. MRI may be considered if the purpose is to rule out non-injury related diagnoses such as possible neoplasia, infection, or other neurological illnesses, based on the presence of symptoms or findings that suggest these diagnoses.

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 without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM: cervical and thoracic spine disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cervical and Thoracic Spine Disorders, Diagnostic Criteria/Magnetic Resonance Imaging.

Decision rationale: Per ACOEM version 3 disability guidelines, MRI is not recommended for the evaluation of patients with non-specific chronic cervicothoracic pain. MRI may be considered if the purpose is to rule out non-injury related diagnoses such as possible neoplasia, infection, or other neurological illnesses, based on the presence of symptoms or findings that suggest these diagnoses. Based on the clinical findings, the thoracic MRI is not medically necessary.