

Case Number:	CM14-0137199		
Date Assigned:	08/27/2014	Date of Injury:	10/20/1999
Decision Date:	09/29/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/26/2014

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 patient is a 64-year-old male who has submitted a claim for intractable low back pain and Parkinson's disease associated with an industrial injury date of 10/20/1999. Medical records from 02/11/2014 to 07/31/2014 were reviewed and showed that patient complained of low back pain with radicular pain. Physical examination findings were not made available. X-ray of the lumbar spine dated 02/11/2014 revealed prior fusion from L3-S1, good bony consolidation from L4-S1, fusion hardware at L3-4, increased sclerosis at SI joints, severe asymmetrical disc collapse at L2-3, moderate to severe disc collapse at L1-2, and significant facet arthropathy at L1-2 and L2-3 segments. Treatment to date has included spinal cord stimulator trial (06/02/2014) and pain medications. Utilization review dated 08/19/2014 denied the request for thoracic MRI without contrast because there was absence of clinical findings that would suggest thoracic spine trauma or neurologic dysfunction stemming from the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic MRI without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter, MRI.

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, there were no subjective and objective complaints that indicate an underlying thoracic pathology. There is no clear indication for thoracic spine MRI at this time. Therefore, the request for Thoracic MRI without Contrast is not medically necessary.