

Case Number:	CM14-0139902		
Date Assigned:	09/08/2014	Date of Injury:	01/16/2009
Decision Date:	10/22/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/28/2014

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 Nevada. 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 records, presented for review, indicate that the injured worker is a 59-year-old male was reportedly injured on 1/16/2009. The mechanism of injury was noted as a MVA. The most recent progress note, dated 7/17/2014, indicated that there were ongoing complaints of chronic low back pain. The physical examination demonstrated the patient ambulated with a walker. Lumbar spine had positive tenderness to palpation of the lumbar and thoracic paraspinal muscles. There was decreased range of motion. There was also positive tenderness to palpation of the SI joint. Muscle strength was very weak in the lower extremities right thigh 1-2/5 and left 1/5. Diagnostic imaging studies included an EMG/NCS of the bilateral upper extremities on 2/6/2014, which revealed bilateral carpal tunnel syndrome. MRI of the lumbar spine, dated 3/9/2014, revealed degenerative changes within the L3-L4. Disc bulges were at L3-L4, L4-L5 and L5-S1. Previous treatment included medications, therapy, and conservative treatment. A request had been made for x-rays of the thoracic spine and MRI of the lumbar spine and was not certified in the pre-authorization process on 8/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One x-ray series of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

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) ACOEM: Current Edition; Cervical and Thoracic Spine Disorders, Clinical Measures: Diagnostic Investigations. (Electronically cited).

Decision rationale: ACOEM guidelines support plain film radiographs in patients with subacute or chronic thoracic spine pain when red flags are present, and/or they are not approving with conservative treatment. Red flags include dangerous mechanisms of injury, age greater than 65 and paresthesias in extremities. After review of the medical records provided, there were no identifiable any of the above stated criteria. Therefore, the request for one x-ray series of the thoracic spine is not medically necessary and appropriate.

One MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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) - Low Back Disorders - Diagnostic Investigations - MRI (electronically cited).

Decision rationale: ACOEM practice guidelines support a MRI of the lumbar spine for patients with subacute or chronic radiculopathy lasting at least 4 to 6 weeks if symptoms are not trending towards improvement, and if both the patient and surgeon are considering prompt surgical treatment, assuming the MRI confirms ongoing nerve root compression. Review of the available medical records report the injured worker had an MRI performed on 3/9/2014. There were no identifiable significant changes that would necessitate a repeat diagnostic studies such as new onset of complaints, or significant injury. As such, the request for one MRI of the lumbar spine is not medically necessary and appropriate.