

Case Number:	CM14-0154314		
Date Assigned:	09/23/2014	Date of Injury:	11/19/2001
Decision Date:	10/24/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family 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:

This is a 53-year-old female patient who reported an industrial injury on 11/19/2001, almost 13 years ago, attributed to the performance of her usual and customary job duties. The injury was reported as a fall from a 30-foot telephone pole. The patient had multiple trauma with a surgical history including open reduction and internal fixation (ORIF) of a right lateral tibial plateau fracture; ORIF of the left navicular fracture; left foot double arthrodesis of the mid-tarsal joint with autogenous bone graft and internal fixation; left carpal tunnel release; removal of hardware from left foot on 1/3/2003; right knee and pubic symphysis surgery on 4/21/2003, with revision on 5/12/2003; lumbar fusion on 11/12/2003; total knee replacement on 2/27/2004; pelvic screw removal on 3/2/2005; and left foot fusion on 7/8/2005. The patient has electrodiagnostic evidence of a median neuropathy at the wrist without any electrophysiological evidence of cervical radiculopathy bilaterally. The patient complains of pain in lower leg joint; depression; anxiety; foot pain; lumbar radiculopathy; and hit bursitis. The patient was reporting chronic pain issues and limited activity. The patient complained of thoracic area pain, which was above the level of her surgery. The objective findings on examination included antalgic and slow gait; use of a cane; diminished range of motion to the lumbar spine; tenderness to palpation over the paravertebral muscles and tight muscle band noted on both sides; facet loading was negative on both side; SLR reported positive bilaterally; motor examination was limited due to pain; light touch sensation was decreased over the lateral calf on both sides and deep tendon reflexes were noted as hyporeflexia. The treatment plan included a request for MRI of the thoracic spine to evaluate for degenerative joint disease and degenerative disc disease above the surgical level along with rule out HNP.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182,177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) neck and upper back chapter-MRI

Decision rationale: The request for MRI of the Thoracic spine was not supported with objective findings on examination to support medical necessity. The patient is 13 years status post date of injury and has no documented neurological or radiculopathy deficits on examination. The patient is documented to have multiple traumatic injuries and is status post lumbar spine fusion with reported pain above the level of the previous fusion. There are no interval clinical changes in status to warrant additional imaging studies to the thoracic spine in order to rule out thoracic spine degenerative disc disease (DDD), degenerative joint disease (DJD); or herniated nucleus pulposus (HNP). There is no x-ray evidence of interval change to the thoracic spine to warrant further imaging studies. The patient was not documented to have been provided complete conservative treatment. The criteria recommended by evidence-based guidelines were not documented to support the medical necessity of the requests. There is no rationale provided by the requesting provider other than to rule out DDD, DJD, and HNP as a screening study. There are no documented progressing neurological deficits. There are no demonstrated red flag diagnoses as recommended by the ACOEM Guidelines in order to establish the criteria recommended for MRI of the Thoracic spine. The patient's treatment plan did not demonstrate an impending surgical intervention and was not demonstrated to be influenced by the obtaining of the Thoracic MRI. There were no demonstrated sensory or motor neurological deficits on physical examination; there were no demonstrated changes to the patient's neurological examination other than the subjective pain complaint; and the patient was not shown to have failed a conservative program of strengthening and conditioning. The functional assessment for the provided conservative therapy since the date of injury has not been documented or provided in the physical therapy documentation. There was no demonstrated medical necessity for MRI of the Thoracic spine.