

Case Number:	CM14-0160880		
Date Assigned:	10/06/2014	Date of Injury:	01/10/2012
Decision Date:	11/10/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/30/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 34-year-old female who sustained a work related injury on 1/10/2012 as result of performing a flag trick during a dance performance with [REDACTED]. Since then she has complained of persistent lower back and thoracic pain that radiates to her left hip and lower extremity. Her pain is 9/10 that reduces to 7/10 with use of medications (Norco for pain, Xanax for anxiety). Physical examination identifies tenderness of the paraspinal musculature and spasms bilaterally in the thoracic spine. Examination of the lumbar spine identifies a reduced range of motion, tenderness along the paraspinal musculature, a positive Kemp's sign bilaterally and decreased strength bilaterally along the L4-S1 myotomes bilaterally. Appreciable L4 dermatome decreased sensation bilaterally with normal 2/4 deep tendon reflexes bilaterally of the patellar and Achilles tendons. A thoracic spine MRI dated 3/14/2012 identifies multilevel degenerative changes without evidence of cord compression. In dispute is a decision for MRI of the chest spine without dye.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the chest spine without dye: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178, 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI; Neck and Upper Back Chapter, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/MRI_Adult_Spine.pdf

Decision rationale: Spinal MRI: Magnetic resonance imaging (MRI) of the spine is a powerful tool for the evaluation, assessment of severity, and follow-up of diseases of the spine. Spine MRI should be performed only for a valid medical reason. While spinal MRI is one of the most sensitive diagnostic tests for detecting anatomic abnormalities of the spine and adjacent structures, findings may be misleading if not closely correlated with the clinical history, clinical examination, or physiologic tests. Adherence to the following practice parameter will enhance the probability of detecting such abnormalities. Spine MRI has important attributes that make it valuable in assessing spinal disease. Alternative diagnostic imaging tests include radiography, computed tomography (CT), Myelography, and CT Myelography. Compared with these other modalities, MRI does not use ionizing radiation. This is particularly advantageous in the lumbar area where gonadal exposure may occur, and in the cervical spine to avoid radiation to the thyroid. Myelography requires an invasive procedure to introduce Intrathecal contrast agents. Both the puncture and the contrast agent can produce side effects and rarely significant adverse reactions. MRI allows direct visualization of the spinal cord, nerve roots, and discs, while their location and morphology can only be inferred on plain radiography and less completely evaluated on Myelography. Compared to CT, MRI provides better soft tissue contrast and the ability to directly image in the sagittal and coronal planes. It is also the only modality for evaluating the internal structure of the cord. Aside from paraspinal musculature hypertonicity, there is no documented evidence of a worsening condition necessitating a repeat chest (thoracic) spine MRI. If other physical examination evidence exists to support the obtainment of such exam, it should be documented for a future re-evaluation of this request. Unfortunately, based upon the provided information, the medically necessity for a chest (thoracic) spine MRI is not established.