

Case Number:	CM14-0172494		
Date Assigned:	10/23/2014	Date of Injury:	01/26/2011
Decision Date:	11/21/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/17/2014

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 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 injured worker is a 61-year-old male who reported an injury on 01/27/2011 due to an unspecified cause of injury. The injured worker complained of lower back pain that radiated to the right hip with associated numbness involving the right thigh and right foot. The diagnoses were not provided. Diagnostics included an MRI of the lumbar spine. The medications included Norco, naproxen, gabapentin, tramadol, and Doral. The physical examination dated 08/15/2014 did not include the thoracic spine; however, the lumbar spine revealed decreased range of motion secondary to pain with a positive lumbar tenderness and paraspinal muscle spasms. Sensation was intact over the dermatomes of the lower extremity. Reflexes were 2+ in the knees, hyporeactive at the ankles, bilateral symmetric. Babinski sign was absent. No evidence of clonus. The examination of the right hip revealed decreased range of motion secondary to pain. There was positive tenderness of the groin, as well as the greater of trochanteric region. No tenderness over the gluteal region. The treatment plan included a MRI of the thoracic spine. The Request for Authorization was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guideines: Low Back - Lumbar & Thoracic, MRIs (magnetic resonance imaging)

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

Decision rationale: The request for the MRI thoracic spine is not medically necessary. The California MTUS/ACOEM indicates that for most patients presenting with true neck pain or upper back problems, special studies are not needed unless 3 or 4 weeks of conservative care and observation fails to improve symptoms. Most patients improved quickly, provided any red flag conditions are ruled out, physiological evidence of tissue insult or neurological dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to invasive procedures. The clinical notes were not evident of a physiological evidence of tissue insult or neurological deficit. The documentation further failed to provide failure from a strengthening program or clarification of the anatomy prior to the invasive procedure. As such, the request is not medically necessary.