

Case Number:	CM14-0173863		
Date Assigned:	10/27/2014	Date of Injury:	04/18/2007
Decision Date:	12/05/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 44-year-old female with date of injury of 04/18/2007. The listed diagnosis per [REDACTED] from 06/17/2014 is lumbago. According to this report, the patient complains of constant pain in the low back that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The pain is characterized as dull at a rate of 5/10. There is radiation of pain in the lower extremities. She states that her pain is improving. The examination shows the patient is well-nourished, well-developed, in no acute distress. Her gait is intact. Examination of the lumbar spine reveals a well-healing incision. No signs of infection. There is no wound dehiscence. No calf tenderness. There are no neurologic deficits in the lower extremities. Neurovascular status is grossly intact in the lower extremities. The documents include 2 progress reports from 05/20/2014 and 06/17/2014. The utilization review denied the request on 10/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (thoracic spine): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: This patient presents with low back pain. The ACOEM guidelines pages 177 to 178 lists the criteria for ordering imaging studies which include emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior to surgery or procedure. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence toward imaging studies if symptoms persist. The records do not show any prior MRI of thoracic spine. However, the two reports provided only discuss L-spine issues. No examination of T-spine is provided, and T-spine symptoms are not described. The treater does not provide a rationale for T-spine MRI. Therefore the request is not medically necessary.