

Case Number:	CM14-0175749		
Date Assigned:	10/28/2014	Date of Injury:	03/08/2007
Decision Date:	12/05/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/23/2014

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 Neurology; has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 53 year old male who had a work injury dated 3/8/07. The diagnoses include status post posterior L/4-5 TLIF 2010; status post removal of posterior lumbar hardware 2011; successful response to spinal cord stimulator trial, 08/15/2014; severe disc space collapse at L5-S1. Under consideration are requests for MRI of Thoracic spine per 10/14/14. A surgical consultation dated 10/8/14 states that the patient's history includes an L4-5 posterior lumbar fusion performed in 2010. The patient states that he did well after the surgery; however, he underwent removal of the posterior hardware in 2011. Removal of the hardware helped tremendously with his pain. He did fairly well up until the last few years where he has noticed increasing back pain with severe pain that radiates into his left lateral leg. Any repetitive motion exacerbates his symptoms. He has been followed by pain management who placed him on multiple pain medications and performed multiple procedures on him for the pain and despite this his symptoms have continued. The patient underwent a spinal cord stimulator trial on 08/15/2014 and reported a 100% improvement in his back and leg pain. The patient is requesting to proceed forward with a permanent paddle lead. Exam of the lumbar spine reveals three well-healed incisions in the lumbosacral region. There is exquisite tenderness upon palpation. Straight leg raising test is positive on the left. His motor exam is grossly intact except for the left distal leg which demonstrates 4/5 strength, which is partially limited due to pain with effort. There is no hyperreflexia on exam. His reflexes are diminished for the patella and Achilles. Sensation is decreased in the left posterolateral distribution. There is 4/5 left plantar flexion and big toe extension. The rest of the motor strength is intact in the BLE. Imaging studies reveal that two-view x-rays of the lumbar spine demonstrate an interbody fusion at the L4-5 level. There is moderate to severe disc space collapse at L5-S1. Two-view x-rays of thoracic spine demonstrate normal alignment. No compression fractures. The treatment plan includes an

updated lumbar MRI since the last was in 2009. Also given that patient will have a stimulator in the thoracic spine, a request will be made for an MRI of the thoracic spine to make sure there is not obstruction. A 10/15/14 PR-2 document states that the physician states that the top of the leads at the time of the trial when he was taken to the recovery room were at the top of the T8 vertebrae. The left lead migrated inferiorly to the bottom of the T8 vertebrae while the right lead migrated inferiorly to the middle of the T8 vertebrae. The physician recommends placement of the top of the paddle lead somewhere near the top of the T8 vertebrae.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Thoracic spine per 10/14/14 form: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation ODG Neck & Upper Back (updated 08/04/2014) and Low Back pain- Lumbar & Thoracic (Acute & Chronic) (updated 08/22/2014), MRIs (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) -Magnetic resonance imaging (MRI)

Decision rationale: MRI of Thoracic spine per 10/14/14 form is medically necessary per the MTUS and the ODG guidelines. The ODG states that indications for an MRI would include upper back/thoracic spine trauma with neurological deficit. The MTUS states that the criteria for ordering imaging studies are: emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure. The documentation does not indicate thoracic trauma but does indicate a surgical procedure is planned. The most recent documentation from October of 2014 indicates that placement of the top of the paddle lead is recommended to be placed somewhere near the top of the T8 vertebrae. An MRI of the thoracic spine is appropriate as the MTUS recommends clarification of anatomy prior to an invasive procedure and it does not appear that the patient has had an MRI of the thoracic spine in the past. The request for MRI of Thoracic spine per 10/14/14 form is medically necessary.