

Case Number:	CM14-0023974		
Date Assigned:	06/11/2014	Date of Injury:	03/25/2009
Decision Date:	07/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/25/2014

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 Orthopedic Surgery 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 55-year-old male who was injured on 03/25/2009. The patient was in the process of pulling the mount out not knowing that it had not been mounted as it should have been when it fell to the floor and he fell with it. He felt his back snap. Prior treatment history has included 12 sessions of physical therapy with some benefit. Medications include: Nuvigil, Butrans patch, Lyrica and Nucynta. The patient underwent right hemilaminectomy with left thoracotomy for T6, T7 discectomy with fusion in 2010 and also the patient underwent right L3-L4 and L4-L5 hemilaminectomy, foraminectomy and L3-L4 microdiscectomy on 08/16/2012. The patient had spinal stimulator implant on 08/31/2013. Progress note dated 01/29/2014 documented the patient had complained of pain in the lumbar spine and the patient has been experiencing this pain for four years which was constant. The pain radiates to the left upper arm with pain scale at 9/10 and right now it is 8/10. The pain is made worse by bending, changing positions, going downstairs, increased activity, lifting and movement. It gets better by taking medications, physical therapy and resting. There was no physical examination documented in this progress note. The patient was diagnosed with chronic pain due to trauma, failed back syndrome in thoracic and lumbar region and radiculopathy of the lumbar spine. Treatment plan included a request for thoracic and cervical MRI and authorization request for six additional physical therapy sessions. Utilization report dated 02/07/2014 states the request for MRI of thoracic spine was not certified because of a lack of evidence to establish the medical necessity for this request.

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): 177-179.

Decision rationale: According to the CA MTUS guidelines, MRI of thoracic spine is recommended according to the following criteria: 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 the anatomy prior to an invasive procedure. The medical records document the patient was diagnosed with chronic pain due to trauma, failed back syndrome of thoracic and lumbar regions and radiculopathy in the lumbar spine. The patient received 12 sessions of physical therapy with some benefits as documented in follow-up report dated 1/29/2014. The patient responded to the spinal cord stimulation, which is working well and covering the neuropathic pain. In the absence of documentation of recent trauma or any other physiologic insult and in the absence of neurologic dysfunction, failure to progress in the physical therapy or any planning for surgical intervention, therefore, the request is not medically necessary according to the guidelines.