

Case Number:	CM14-0025383		
Date Assigned:	06/13/2014	Date of Injury:	09/17/1999
Decision Date:	07/23/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/27/2014

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 Texas. 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 59 year old male who was injured on 9/17/1999, when he tripped over a hose and landed on his hands and knees. Past treatment history includes cervical fusion, lumbar laminectomy L3-4 and L4-5, left shoulder surgery, diagnostic imaging studies, and medications. Prior UR determination dated 1/28/2014 recommended non-certification of the requests for cervical MRI open with IV contrast and thoracic MRI open with IV contrast. Certification was recommended for the request for lumbar MRI open with IV contrast. In regards to the Thoracic MRI, the reviewer noted there was no recent subjective complaints of thoracic spine pain, no physical exam findings suggestive of nerve root compromise in the thoracic spine, no evidence of strength deficit, reflex change for abnormal sensory exam. Moreover, there is no documentation provided that outlines medical history and physician discussion or specific treatments that would be made based on the MRI of thoracic spine results. Consequently, recommendation was for no medical necessity of the requested MRI of thoracic spine. Pain medicine re-evaluation report dated 1/17/2014 documents the patient presents for follow-up visit regarding complaints of neck pain that radiates down the right upper extremity, and low back pain. Pain is rated 7/10 with medications and 9/10 without medications. Pain increases with activity and walking. Physical examination documents the patient appears to be in moderate to severe distress, gait is slow. Lumbar examination documents tenderness on palpation in the L4-S1 area and significantly increased pain with flexion and extension. Report refers to results of 7/2012 lumbar MRI, 5/2000 cervical MRI, and other remote imaging studies. Patient was given another Toradol injection with B12. Diagnoses: Cervical facet arthropathy, cervical radiculopathy, status post cervical spinal fusion, lumbar disc displacement, lumbar facet arthropathy, lumbar post laminectomy syndrome, lumbar radiculopathy, lumbar spinal stenosis, erectile dysfunction vitamin D deficiency, chronic pain other, and status post left shoulder

surgery. Status remains TTD. Follow up in 1 month, follow up with spine surgeon. The patient was dispensed numerous medications. According to the Primary Treating Physician's progress report (PR-2) dated 1/15/2014 the patient presents for follow-up for upper back and lower back. He states no improvement, constant pain with tingling down to both feet. MRI denied. Physical examination documents patient continues to complain of pain in lower back, pain and numbness in both legs, neurogenic claudication less than 2 blocks. Patient had compression fracture T12-L1 in the past. Patient had previous surgery in low back and now has nerve root compression at L4, L5. Diagnosis: R/O HNP. TTD status. The physician states since the patient had surgery before, he is requesting MRI of lumbar spine with contrast to r/o recurrent disc problem.

IMR ISSUES, DECISIONS AND RATIONALES

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

THORACIC MRI, OPEN WITH IV CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging).

Decision rationale: According to the ACOEM guidelines, 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; and Clarification of the anatomy prior to an invasive procedure. The Official Disability Guidelines state imaging indications for MR imaging of the thoracic spine is evidence of thoracic spine trauma with neurological deficit. According to the medical records, prior diagnostic studies included a lumbar MRI performed on 7/24/2013, which revealed findings at the T12-L1 level. According to the pain medicine re-evaluation on 1/17/2014, the patient presented with complaint of neck pain radiating to the right shoulder, and low back pain. Examination revealed slow gait, no gross abnormalities, tenderness at the L4-S1 region and increased pain with flexion-extension. The objective findings are essentially unchanged and have remained stable. There is no evidence of trauma or progressive neurological deficits or significant change in clinical findings. In accordance with the evidence-based guidelines, the requested MRI of the thoracic spine is not medically necessary.