

Case Number:	CM14-0028100		
Date Assigned:	06/13/2014	Date of Injury:	10/03/1991
Decision Date:	07/21/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/05/2014

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, 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 69 year old with an injury date of 10/3/91. Based on the 12/18/13 progress report by [REDACTED], the diagnosis is lumbar pain. The most recent physical exam on 5/1/13 showed the patient had difficulty going from seated to standing position, or standing to seated position, with a 5/5 strength. There is sensation to light touch in all dermatomes per the report on 2/13/14. [REDACTED] is requesting an MRI of the thoracic spine without contrast. He is the requesting provider, and has provided treatment reports from 5/1/13 to 1/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI OF THE THORACIC SPINE WITHOUT CONTRAST: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with pain in the interscapular area, shoulders, hips, bilateral lower extremities, and is status post T7-L2 anterior and posterior fusion, decompression, and instrumentation of an unspecified date. The provider requested one MRI of the thoracic

spine without contrast on 2/13/14. Review of the 5/1/13 report showed normal radiographic data of the C-spine solidly fused in T7 to L2 levels. On 5/1/13, the provider requested MRIs of the T-spine and C-spine to rule out evidence of neurological impingement or adjacent segment degeneration above the site of fusion causing compression. An MRI (of unspecified type) was done on 10/16/13 per the 12/18/13 report, and it is unclear if this MRI was of the T-spine. Although MTUS and ACOEM guidelines do not address T-spine issues, ACOEM does address MRIs in the Neck and Upper back chapter. In regard to chronic neck pain, ACOEM requires a red flag, and physiologic evidence of tissue insult or neurologic dysfunction for specialized studies. In this patient, given the patient's multi-level fusion, persistent symptoms with radiation into legs and the provider's concerns regarding adjacent levels, an MRI of the T-spine is reasonable. Therefore, the requested MRI of the thoracic spine is medically necessary.