

Case Number:	CM14-0031515		
Date Assigned:	06/20/2014	Date of Injury:	01/09/2013
Decision Date:	07/22/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/12/2014

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 Neurological 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 injured worker is a 50-year-old male who was reportedly injured on September 1, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 24, 2014, indicated that there were ongoing complaints of low back pain radiating to the hips and left leg. Current medications are stated to include Vicodin, Prozac and cyclobenzaprine. The physical examination demonstrated an abnormal gait. There was paraspinal tenderness at the lumbar spine and decreased lumbar range of motion. There was a positive right-sided and left-sided straight leg raise at 40. The lower extremity neurological examination was normal. There were diagnoses of a lumbar sprain/strain, lumbar herniated disc with myelopathy and lumbar radiculopathy. The treatment plan was to continue physical therapy and chiropractic care, as well as acupuncture. A psychological clearance was recommended for surgery. Norco, cyclobenzaprine and a topical compound were prescribed. An Aqua relief therapy and ultrasound stimulator were recommended. A request had been made for an magnetic resonance imaging of the lumbar and thoracic spines and was not certified in the pre-authorization process on January 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Scan of Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181-183.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), updated July 3, 2014.

Decision rationale: As with the lumbar spine, the injured employee has new subjective complaints, and there are no new objective findings on physical examination that would be concerning to warrant a magnetic resonance imaging (MRI) of the thoracic spine. There was a normal neurological examination. This request for an MRI of the thoracic spine is not medically necessary.

MRI OF THE Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), updated July 3, 2014.

Decision rationale: According to the medical records, provided the injured employee had a previous lumbar spine magnetic resonance imaging (MRI) performed on July 24, 2013. The most recent medical note, dated January 24, 2014, does not note any changes in the injured employee's symptoms or objective findings on physical examination that would warrant a repeat MRI. There was a normal neurological examination. Therefore, this request for an MRI of the lumbar spine is not medically necessary.