

Case Number:	CM14-0039270		
Date Assigned:	06/27/2014	Date of Injury:	08/21/2013
Decision Date:	07/28/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/03/2014

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 claimant is a 44-year-old gentleman who hit the back of his head when he fell on August 21, 2013. The records provided for review note current complaints of thoracic pain. The report of an MRI of the lumbar spine dated August 29, 2013 showed a 3 millimeter disc bulge at L5-S1 with facet disease resulting in mild bilateral foraminal narrowing. The progress report dated February 14, 2014, noted continued neck, thoracic and low back complaints. Examination showed restricted lumbar and cervical range of motion but no documentation of positive neurologic findings. The report documents that the claimant failed conservative treatment of physical therapy and chiropractic measures. The recommendation was made for a thoracic MRI and an epidural steroid injection to the left of L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Practice Guidelines, Chapter 8, Neck and Upper Back Complaints, as well as the Non-MTUS ODG Treatment Integrated Treatment/Disability Duration Guidelines, Head Chapter; Stress/Mental Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

Decision rationale: Based on California ACOEM Guidelines, the request for a thoracic MRI cannot be recommended as medically necessary. ACOEM Guidelines recommend MRI imaging

when there is unequivocal objective findings indicating specific nerve compromise on the neurologic examination. In this case, the examination of the claimant does not show any evidence of objective findings on examination indicating compressive pathology for which thoracic imaging would be indicated. The specific clinical request would not be supported.

ESI at Lt L5 - S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines (2009); Epidural Steroid Injections (ESLs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Epidural steroid injections (ESI's), pg. 46.

Decision rationale: The California MTUS ACOEM Guidelines do not support the request for a lumbar epidural steroid injection. The ACOEM Guidelines for epidural injections require that radiculopathy must be present on both physical examination and corroborated by imaging studies and/or electrodiagnostic testing. While this individual is noted to have a disc protrusion at the L5-S1 level on imaging, there are no objective findings on examination of a radicular process at the L5 or S1 level on examination to necessitate the need for injection. The request would not be supported.