

Case Number:	CM14-0042628		
Date Assigned:	06/23/2014	Date of Injury:	09/27/2013
Decision Date:	07/22/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/14/2014

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 & Rehabilitation, and is licensed to practice in Minnesota. 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 48-year-old male who reported an injury on 09/27/2013 due to continuous trauma with right flank pain after lifting a heavy object. On 09/27/2013, the injured worker was seen in the emergency room, after lifting a heavy object. The injured worker developed sudden onset of right flank pain radiating to his right side. The injured worker describes the pain as a sharp, 10/10 constant since onset for the past several hours and without any alleviating or aggravating factors. The injured worker denies any direct trauma, fall, focal numbness or focal weakness. On 01/09/2014 office visit, the injured work underwent a MRI (magnetic resonance imaging), the finding was a 11 mm T1 and T2 hyperintense lesion identified in the L1 vertebral body most consistent with a benign hemangioma. The vertebral body height are maintained. The alignment is anatomic. No suspicious bony lesions are seen. There is disc space narrowing at all levels of the lumbar spine noted. The conus terminated at the level of T12. The impression was multi-level degenerative changes of the lumbar spine with spinal canal and neural foraminal compromise, most significant at the level of L3-4 and L4-5. The diagnosis include sprain thoracic with evidence of radiculopathy and degenerative disc disease of the lumbar spine with superimposed sprain/strain. The injured worker had twelve physical therapy visit for the thoracic spine, eleven physical physical therapy visit from 11/13/2013 to 12/02/2013 (cervical, lumbar and upper extremities), and five chiropractic visits form 01/02/2014. The injured worker was most recently evaluated on 02/24/2014 at that time he complains of constant upper and mid back pain. The pain appears to be aggravated with prolonged walking, standing, bending, pushing and pulling. On examination, the injured worker had an antalgic gait to the right, the thoracolumbar spine reveals moderate paraspinous tenderness to the right. He does not have lower lumbar tenderness in the area where there are multiple disc protrusions. The medications include Cyclobenzaprine 5mg one tablet by mouth at

bedtime#30, Norco 10/325mg one tablet by mouth twice a day as needed for pain #30
Thermacare Large/Large Back/Hip bandage one once a day as needed dispense three box. The treatment plan at that time was for expected maximum medical improvement (MMI) date 02/28/2014 and to continue on current medications. A request for a MRI of the thoracic spine without contrast was submitted. The medical necessity of this request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) MRI (MAGNETIC RESONANCE IMAGING) OF THE THORACIC SPINE WITHOUT CONTRAST BETWEEN 3/5/2014 AND 4/19/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-8: Summary for Evaluating and Managing Low Back Complaints, Clinic Measure: Imaging. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back -Lumbar and Thoracic, MRIs(magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-8: Summary for Evaluating and Managing Low Back Complaints, Clinic Measure: Imaging. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back -Lumbar and Thoracic, MRIs(magnetic resonance imaging).

Decision rationale: The injured worker's diagnostic studies include x-rays and an MRI (magnetic resonance imaging) of the lumbar spine. The results are not mentioned. His treatment include medications, eleven physical therapy visits from 11/13/2013 to 12/09/2013 (cervical, lumbar and right extremity), and five chiropractic visits from 01/02/2014 to 01/28/2014. The injured worker was most recently evaluated on 02/24/2014, at that time he complained of constant upper and mid back pain. The pain was not further described in terms of severity, and it is not clear that further intervention beyond an over-the-counter analgesic is indicated, the injured worker pain is aggravated with prolong walking, standing, bending, pushing, and pulling. Upon examination of the thoracolumbar spine reveals moderate paraspinous tenderness to the right. The injured worker does not have lower lumbar spine tenderness in the area where there are multiple disc protrusions. The pain is not described in terms of intensity and is not clear that further intervention is indicated. The ACOEM Guidelines on low back complaints indicates not recommended using imaging test before one month in absence red flags. There was no documentation in regards to the necessary for a repeat MRI. The Official Disability Guidelines (ODG) indicates that MRI is recommended for uncomplicated low back pain with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms. Although the subjective complaints of radiation of thoracic pain are described, yet there are no neurological deficits. The injured worker neck pain had resolved with physical therapy. On physical examination that support a diagnosis of radiculopathy and the proposed study. The pain is not described in terms of intensity, and it is clear that further intervention is indicated. Therefore, the request for MRI of the thoracic spine without contrast is non-certified.