MAXIMUS Federal Services

Case Number:	CM14-0055349		
Date Assigned:	07/07/2014	Date of Injury:	06/16/1998
Decision Date:	08/07/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/24/2014

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 57-year-old female with a date of injury of 06/16/1998. The listed diagnoses per [redacted] are: 1. Thoracic strain. 2. Lumbar strain. 3. Lumbalgia. 4. Thoracalgia. According to progress report 01/29/2014 by [redacted], the patient presents for the increase in lower back pain. She recently had an MRI at [redacted], due to the increased right-sided low back pain. The treater states this is not part of her industrial injury, which is left-sided low back pain. The patient also reports an increase of left-sided low back pain, left buttock, and left upper posterior thigh and bilateral pain over the past three to four (3-4) weeks. A progress report 03/14/2014 by [redacted] indicates that the patient presents with severe to moderate chronic low back pain. The pain is noted to radiate to the left buttock. [redacted] in a letter that is undated reports that x-rays and MRI of the thoracic spine is being requested by [redacted] in his pain management consultation report from 03/14/2012. This is a request for an x-ray of the thoracic spine and MRI of the thoracic spine without dye. Utilization review denied the request on 04/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray exam of the thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC, Low Back Procedure Summary, last updated 03/31/2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Radiography (x-rays).

Decision rationale: This patient presents with chronic low back pain. The treater is requesting an x-ray of the thoracic spine. The Official Disability Guidelines support x-rays for trauma, as a first study for chronic pain, or for post-operative evaluation. It is not indicated for just a flare-up. The patient does not present with a trauma, no neurologic changes, nor suspicion of a fracture. Furthermore, pain is reported around the lumbar spine, therefore, it is not known why the request is for a thoracic spine x-ray. The request is not medically necessary.

MRI of the thoracic spine without dye: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, ODG-TWC, Low Back Procedure Summary, last updated 03/31/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient presents with chronic low back pain. The treater is requesting an MRI of the thoracic spine. The MTUS/ACOEM Guidelines has the following criteria for ordering images: Emergence of red flag, physiologic evidence of tissue insult, or neurologic dysfunction; failure to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure. The ACOEM Guidelines may be more appropriately applied for acute and subacute cases. For chronic conditions, the Official Disability Guidelines recommend MRI studies for chronic neck pain after three (3) months of conservative treatment when radiographs are normal and neurologic signs or symptoms are present. In this case, there are no concerns for tumor, infection, dislocation, myelopathy, or any other red flag conditions. The request is not medically necessary.