

Case Number:	CM14-0056548		
Date Assigned:	07/09/2014	Date of Injury:	08/01/2010
Decision Date:	08/29/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/25/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 33-year-old female who sustained a work related injury on Aug 1, 2010 when she was assisting a 320 pound client from her bed to a wheelchair. The client collapsed atop the patient where she suffered immediate lower back, neck and left knee pain. In 2013, the patient underwent a partial dissection and fusion of L5-S1 in 2013. Since then, she has had nearly continuous pain in her lower back, neck and left knee. Her neck and lower back pain is from 5/10 to 9/10. Her neck tires easily and she has frequent headaches since suffering a loss of consciousness incident on March 15, 2014. Her back pain worsened after sitting 30-90 minutes, depends upon prescription medications, day, hardness of chair, standing and walking are limited to 5-15 and 5-20 minutes, respectively. She experiences bilateral upper and lower extremity numbness. On physical examination, the cervical and lumbar spine is decreased in range of motion with the cervical spine musculature guarding over the occipital ridge, the SCM's, scalenes, paraspinals, levators and bilateral Trapezius. In the lumbar region, there is pain that is band pattern across the back from L3-S3. There is a mild levoscoliosis in the thoracic spine with an increased thoracic kyphosis. Her left knee demonstrates crepitus upon range of motion with mild medial and lateral joint line tenderness. An electromyography (EMG) study dated 07/03/2014 identifies no median nerve compression, compression neuropathy of the ulnar nerve at either the wrist or elbow or ongoing cervical radiculopathy. Her current treatment regimen includes Norco 10/325, one po 2-3 times per day and Neurontin 600mg one po qid, TENS unit use, pool therapy and cervical traction. In dispute is a decision for a MRI thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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, Section 722.0 Subsection Under MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.acr.org/Quality-Safety/Appropriateness-Criteria>.

Decision rationale: Adult Spine MRI Magnetic resonance imaging (MRI) of the spine is a powerful tool for the evaluation, assessment of severity, and follow-up of diseases of the spine. Spine MRI has important attributes that make it valuable in assessing spinal disease. Alternative diagnostic imaging tests include radiography, computed tomography (CT), myelography, and CT myelography. In comparison with these other modalities, MRI does not use ionizing radiation. MRI allows direct visualization of the spinal cord, nerve roots, and discs, while their location and morphology can only be inferred on plain radiography and less completely evaluated on myelography. In comparison to CT, MRI provides better soft tissue contrast and the ability to directly image in the sagittal and coronal planes. It is also the only modality for evaluating the internal structure of the cord. Although the patient has cervical and lumbar pain as result of her injury, there is no real physical examination documenting concerning thoracic spine. As such, obtaining an imaging study is not warranted at this time.