

Case Number:	CM14-0088545		
Date Assigned:	07/23/2014	Date of Injury:	06/17/2009
Decision Date:	09/08/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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 Occupational Medicine 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 male with date of injury 6/17/2009. Per primary treating physician's progress report dated 5/21/2014, the injured worker is having a flare up of his low back. He has good and bad days. Right knee has occasional pain and swelling especially with weather changes. Pain radiates into neck. On exam overlying skin looks good. He has 60% range of motion. There are no B/B changes. There is tenderness at L5-S1 paraspinal muscles. He has good heel/toe walk. Left knee lacks 3-80 degrees flexion, right knee lacks 2-90 degrees flexion. There are no active lymphatic changes. X-rays of cervical spine, 5 views, reveals osteoarthritis with no acute changes. Diagnoses include 1) T-L-S- MFS with bilateral sciatica right greater than left 2) osteoarthritis of T-L spine 3) right knee sprain with possible internal derangement 4) osteoarthritis of right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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-Thoracic MRI studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The claims administrator reports that requests for MRI of the thoracic spine was denied on 9/20/2013 and 11/15/2013 due to lack of x-rays of the thoracic spine and a comprehensive examination. The requesting physician reports that the MRI of thoracic spine is ordered to rule out herniated nucleus pulposus. The only referred symptoms are knee pain and occasional back spasms. Previous x-rays of the thoracic spine, 2 views: showed "no acute changes". Per the MTUS Guidelines, for most patients presenting with upper back problems, special studies are not needed unless a three or four week period of conservative care and observation fails to improve symptoms. Criteria for ordering imaging studies are 1) emergence of a red flag 2) physiologic evidence of tissue insult or neurologic dysfunction 3) failure to progress in a strengthening program intended to avoid surgery 4) clarification of the anatomy prior to an invasive procedure. Radiography is most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication or neurologic compromise. False positive diagnostic findings occur in up to 30% of people without symptoms at age 30. The injured worker was injured five years ago, and the current exam and complaints are not consistent with physiologic evidence of tissue insult or neurologic dysfunction that may necessitate the use of MRI. The request for MRI of the thoracic spine is determined to not be medically necessary.