

Case Number:	CM14-0089977		
Date Assigned:	07/23/2014	Date of Injury:	09/01/2009
Decision Date:	08/28/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/13/2014

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:

This is a 51-year-old male patient with a 9/1/09 date of injury. The mechanism of injury was not provided. A progress report dated on 6/13/14 indicated that the patient complained of severe pain in the lumbar spine which radiated to the neck, lower back and leg. He also reported popping and stabbing pain, 8/10. His pain was aggravated with pushing, pulling, lifting, squatting and kneeling. He was diagnosed with L3-4 and L4-5 degenerative disc disease based on MRI from 2009, Severe facet arthropathy at L4-5, severe arthropathy at L4-5-S1 and moderate on the right with mild L3-4 disc degeneration with 2 mm bulging, Bilateral hips mild degenerative disc changes on the MRI dated on 10/23/09, and mild myofascial tender points. Treatment to date includes medication management, physical therapy and facet joint injections. There is documentation of a previous 6/11/14 adverse determination, based on the fact that there was no documentation supporting nerve compromise, such as deficit in dermatomal sensation.

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 without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178, 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Low Back Chapter).

Decision rationale: California MTUS criteria for imaging studies include red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration of surgery. In addition, ODG supports thoracic MRI studies in the setting of thoracic spine trauma with neurological deficit. The patient presented with the pain in the lumbar spine that radiated to the neck, lower back and leg. However, there were no objective findings in regards to thoracic spine nerve impingement. In addition, there was no prior x-ray available demonstrating any changes in the thoracic spine. It was not clear why the patient needs a thoracic spine MRI. Therefore, the request for MRI of the thoracic spine without contrast was not medically necessary.