

Case Number:	CM14-0106486		
Date Assigned:	09/26/2014	Date of Injury:	10/28/1995
Decision Date:	01/26/2015	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for mid back pain reportedly associated with an industrial injury of October 28, 1995. In a Utilization Review Report dated June 9, 2014, the claims administrator denied a request for repeat thoracic MRI imaging. The claims administrator posited that the applicant had had earlier thoracic MRI imaging and that repeat MRI imaging was not indicated here. Non-MTUS-ODG Guidelines were invoked. The claims administrator nevertheless cited a teleconference with the attending provider in which it was stated that the applicant was considering a thoracic fusion surgery. The applicant was status post L1-S1 lumbar fusion surgery, however, it was acknowledged. The claims administrator cited a May 28, 2014 progress note in its denial. The applicant's attorney subsequently appealed. In a May 28, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was given a primary diagnosis of failed back syndrome. The applicant also had residual issues with shoulder pain status post two shoulder surgeries and thumb pain status post thumb surgery. The applicant was having difficulty with standing and walking activities. The applicant was status post a cardiac ablation procedure of some kind. The applicant's medication list included MiraLax, Lopressor, Zestril, Nucynta, Lyrica, Ryzolt, Cymbalta, Colace, Lidoderm, Seroquel, Wellbutrin, and Zantac, it was acknowledged. The applicant reported a new loss of bladder control, it was stated in the review of system section of the note. The applicant was obese, with a BMI of 34. The applicant was having difficulty ambulating. Limited lumbar range of motion was noted. It was stated that the applicant had received approval to proceed with a sacroiliac joint surgery but said surgery had to be postponed due to the applicant's nonindustrial cardiac issues. Genetic metabolism testing was endorsed. Wellbutrin and Zantac were apparently renewed. The note was difficult to follow and mingled historical issues with current issues. Medical transportation to and from appointments

was sought. In a handwritten note dated May 28, 2014, the applicant reported heightened complaints of low back pain. The applicant had difficulty standing and walking. The attending provider stated that he suspected changes in the thoracic region at the T12-L1 level. MRI imaging of the thoracic spine was apparently sought to further evaluate. On August 20, 2014, the applicant reported ongoing complaints of T12-L1 pain. The applicant had difficulty with standing and walking. The applicant's pain was "wrapping around the right side," it was acknowledged. The applicant's wife was helping in ambulating and driving him to and from appointments. The attending provider reported issues with bladder control in the review of system section of the note. As with the previous note, it was again stated that the loss of bladder control issues were new issues. The applicant was given diagnoses of lumbar radiculitis, fibromyalgia, and sacroiliac joint pain. It was stated that the applicant would benefit from MRI imaging of the thoracic spine to rule out pathology in that region. It was stated that the applicant received approval to proceed with sacroiliac joint surgery but that said surgery had to be postponed due to the applicant's nonindustrial cardiac issues. As with the preceding notes, this note mingled historic complaints with current complaints. The applicant was given refills of Lyrica, Ryzolt, Wellbutrin, and Zantac, it was acknowledged. The applicant again exhibited gait derangement and had to have his wife help him to move about. In a separate handwritten progress note August 20, 2014, the applicant's treating provider stated that he suspected segmental instability at the T12-L1 level. In a latter note dated October 29, 2014, the applicant reported ongoing complaints of low back pain, neck pain, and extremity pain. Coccygeal pain was also noted. The applicant was having difficulty with prolonged walking. The attending provider again stated that the applicant's planned SI joint surgery had to be placed on hold for previous cardiac events. The applicant was reportedly stable, it was stated. The applicant's BMI was 33. In the review of system of the note, it was again stated that the applicant reported new loss of bladder control, as with the previous notes. Painful range of motion testing was appreciated. The applicant exhibited an antalgic gait, with his wife aiding him to ambulate about. The applicant was given diagnoses of lumbar radiculitis and fibromyalgia. It was again stated that the applicant's SI joint surgery had to be indefinitely postponed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Repeat MRI of Thoracic Spine Without Contrast: 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), Treatment Index, 11th Edition (web), 2013, Neck and Upper Back, Magnetic Resonance Imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Table 8-8, 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does acknowledge that MRI or CT imaging of the neck and/or upper back is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings in preparation for an invasive procedure and/or to evaluate red-flag diagnoses such as fracture,

tumor, infection, neurologic deficits, etc., in this case, however, it was explicitly stated on several occasions that the applicant had to indefinitely postpone a previously planned sacroiliac joint fusion owing to cardiac comorbidities. It does not appear, thus, that the applicant would act on the proposed thoracic MRI and/or consider any kind of thoracic spine surgery based on the outcome of the same. While the attending provider stated on several occasions, referenced above, that he suspected segmental instability at the T12 level, there is no indication that the applicant would act on the results of the proposed thoracic MRI and/or consider surgical intervention involving the same. The attending provider explicitly stated on several occasions that the applicant is not a candidate for any kind of surgical intervention owing to cardiac comorbidities. While the attending provider did report "new loss of bladder control" in multiple office visits, referenced above, including on May 28, 2014, August 20, 2014 and October 29, 2014, these reports appear to be a carry-over historical complaint and did not appear to represent any kind of new phenomenon which would compel the proposed repeat thoracic MRI imaging. Again, the attending provider's multiple reports to the effect that the applicant is not a candidate for any surgical intervention owing to cardiac comorbidities makes it difficult to support the proposed MRI. Therefore, the request is not medically necessary.