MAXIMUS Federal Services

Case Number:	CM14-0189273		
Date Assigned:	11/17/2014	Date of Injury:	04/18/2007
Decision Date:	01/08/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/10/2014

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 & 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 44-year-old female with date of injury of 04/18/2007. The listed diagnoses from 09/11/2014 include degenerative disc disease cervical spine with cervical radiculopathy, degenerative disc disease lumbar spine with a lumbar radiculopathy, status post lumbar laminectomy, discectomy, fusion from January 30, 2014 and subsequent removal of lumbar hardware on 05/30/2014, thoracic Radiculopathy secondary to degenerative disc disease, status post Thoracic laminectomy and discectomy from 2012 and anesthetic and steroid left hip joint injection. According to this report the patient complains of neck and upper extremity pain with numbness and tingling. She also complains of mid back, low back, bilateral leg, abdominal, and left hip pain. The examination shows a well-healed midline surgical incision in the thoracic spine. Palpation is non-tender in the thoracic paraspinal muscles. There is mild tenderness in the lumbar paravertebral muscles and gluteal muscles bilaterally. The documents include removal of hardware operative report from 05/30/2014, right lower extremity venous duplex report from 06/01/2014, progress reports from 04/29/2014 to 09/11/2014. The utilization review denied the request on 10/27/2014.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

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

Decision rationale: This patient presents with neck, upper extremity, mid back, low back, bilateral leg, abdominal, and left hip pain. The patient is status post removal of hardware from 05/30/2014. The ACOEM Guidelines page 177 to 178 list the criteria for ordering imaging studies which include emergency of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior surgery or procedure. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence toward imaging studies if symptoms persist. The 04/21/2014 report references MRIs of the thoracic spine from 08/11/2011 and 01/09/2013 that showed a 5 mm left paracentral disc protrusion at T7 - T8 indenting the anterior spinal cord and resulting in moderate canal stenosis. Severe left neural foraminal narrowing was noted and considered related to postsurgical changes/enhancing tissue consistent with the scar. There was also a 3mm central protrusion at T8 - T9 also effacing the anterior thecal sac resulting in central stenosis. Severe left neural foramen narrowing was also noted at this level. The report making the request is missing to determine the rationale behind the request. The examination from the 09/11/2014 report do not show any red flag signs, sensory deficits or nerve dysfunction. There are no reports of new injury or trauma that would warrant the need of an updated MRI. The request is not medically necessary.