

Case Number:	CM14-0195174		
Date Assigned:	12/02/2014	Date of Injury:	09/01/2011
Decision Date:	01/14/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/21/2014

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 48 year old sustained a work injury on 09/01/11. A qualified medical re-evaluation (QME) on 06/24/2014 indicated the IW has not returned to any type of work since the accident. The IW has had no surgical treatment, and has attended physical therapy and received acupuncture two times weekly which she states has been painful. The diagnostic impression during the QME included multilevel spondylosis L-2 through S-1, and bilateral lower extremity radiculopathy. The IW was seen on 10/03/2014 for a complaint of ongoing pain in the back with radiation down the left lower extremity. The diagnosis and results of the injury listed in this exam include multilevel lumbar spondylosis L-2 through S-1, bilateral lower extremity EHL weakness, bilateral sacroiliitis L-5 left sided radiculopathy, and bilateral chronic S-1 radiculopathy which is more pronounced on repeat electrodiagnostics. According to the treating physician notes, the IW objectively has reasonable manual muscle strength but ambulates with an abnormal gait and a leaned over posture and has been progressively getting weaker. The treating physician requested evaluation by a neurologist and would like to have a comprehensive structural evaluation of her neural axis. For these reasons a MRI of the brain, cervical and thoracic spine was requested 10-22-2014. The request also includes evaluation with pain management for a lumbosacral epidural injection (LSEI), and evaluation with Neurologist. The IW is given a modified work duty status with restrictions on repetitive bending, stooping, prolonged sitting, standing or lifting greater than ten pounds. When working she is to have opportunity to sit and stand at will. A request for authorization of was made 10/22/2014 for a MRI of the brain, cervical and thoracic spine, evaluation with pain management for LSEI, and an evaluation with a Neurologist. A Utilization Review (UR) letter dated 11/04/2014 non-certified the request for a MRI of the Thoracic Spine without contrast as an outpatient between 10/24/2014 and 12/08/2014. The request was determined to be not medically necessary as requested due to a

lack of documentation of complaints of thoracic or neck pain and no documentation of findings consistent with upper motor pathology. Evidence based guidelines used were ACOEM (American College of Occupational and Environmental Medicine) at the following website [https://www.acoempracguides.org/Cervical and Thoracic Spine](https://www.acoempracguides.org/Cervical%20and%20Thoracic%20Spine); Table 2, Summary of Recommendations, Cervical and Thoracic Spine disorders.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM www.acoempracguides.org; cervical and thoracic spine; low back

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

Decision rationale: MTUS Guidelines support MRI studies when there are persistent neurological deficits or red flag conditions. The requesting physician does not document that these standards are met for an MRI of the thoracic spine. Motor strength is stated to be adequate, no bowel or bladder issues are reported and no other long tract signs are reported positive. Electrodiagnostic studies show a worsening radiculopathy involving the lower lumbar spine and she is reported to have weakness corresponding to this. The rationale for the thoracic spine MRI is not adequately presented to be consistent with Guideline standards of care. At this point in time, the thoracic MRI is not medically necessary.