MAXIMUS Federal Services

Case Number:	CM14-0207773		
Date Assigned:	12/19/2014	Date of Injury:	07/18/1994
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/11/2014

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 Rehab 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 (IW) is a 52-year-old female who sustained a work injury to the shoulders bilaterally, and knees bilaterally on 7/18/94. The orthopedic report dated 11/12/14 (47) notes that the patient was last seen on 10/24/10. She had multiple operations by [redacted] on her knees. She is currently reporting increasing middle and lower back pain over the past 18 years and has not been evaluated for this. In December 2010 I recommended a cervical and thoracic MRI. The attending physician reports she is unable to feel either one of her feet with the left being worse than the right. Physical exam: Shows weakness of dorsiflexion of her foot and great toe bilaterally as well as decreased sensation in both in both lower extremities. She has absent achilles reflex bilaterally and hyperactive knee reflexes. She can touch her chin to within 6-7 fingerbreadths of her chin. Extension and rotation of the neck is limited by about 40%. Motor and reflex testing in upper extremities is within normal. Spine radiographs were performed In the cervical, thoracic, and lumbar region. MRI scan was recommended in the cervical, thoracic and lumbar spine. Radiology report dated 11/12/14 provided the following impression: Cervical spine: Severe disc degeneration, C5-6, with mild anterolisthesis. No other abnormality. Thoracic spine: Mild right thoracic curve. Lumbar spine: Mild right lumbar scoliosis L2-L5 with mild elevation of the left hemipelvis. The IW manages her pain with Lidoderm patches, Fentanyl patches, hydrocodone, Trazodone, Wal-Zan and Tizanidine. She is taking Docusate for stool softening. The current diagnoses are:1. Chronic pain syndrome2. Pain in the shoulder joint3. Pain in the knee joint4. Degeneration of the cervical intervertebral disc5. Degeneration of the lumbosacral intervertebral discThe utilization review report dated 11/26/14 denied the request for MRI of the thoracic spine, MRI of the lumbar spine based on lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI 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, Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI imaging

Decision rationale: The patient presents with increasing middle and lower back pain along with increasing pain and paresthesias into the lower extremities. The current request is for MRI of the thoracic spine. The ODG guidelines state that thoracic spine MRI is indicated for trauma with neurological deficit. The treating physician has not documented any recent trauma of the thoracic spine, there are no objective findings suggesting any red flags (e.g., tumor, infection, fracture, neuro-compression, recurrent disc herniation) and there is nothing in the report suggesting neurological deficit in the thoracic region. Recent x-ray in the thoracic region was essentially normal other than mild curvature noted. Furthermore an MRI of the cervical spine was authorized. There is no clinical documentation indicating that the criteria set forth in the ODG guidelines has been met substantiating the need for thoracic MRI. As such, the request is not medically necessary.

MRI lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, MRI imaging.

Decision rationale: The injured worker presents with increasing pain in the middle and lower back along with pain and paresthesias into the lower extremities. The current request is for MRI of the Lumbar spine. Orthopedic evaluation notes lower back and extremity pain, paresthesias and muscle weakness. Examination findings of inability to heel and toe walk are positive. Achilles reflex is absent. ODG guidelines do recommend MRI of the lumbar spine to assess for radiculopathy. The IW appears to be suffering increasing neurologic deficit. There is no indication of previous MRI in the records. As such, the request is medically necessary for approval of the lumbar MRI.