

Case Number:	CM15-0000043		
Date Assigned:	01/09/2015	Date of Injury:	07/02/2002
Decision Date:	03/05/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 is a 57 year old male with a date of injury as 07/02/2002. The current diagnosis was not included in the submitted reports. Previous treatments include medications. Primary treating physician's reports dated 07/15/2014 and 11/21/2014 were included in the documentation submitted for review. Report dated 11/21/2014 noted that the injured worker presented with complaints that included constant moderate to severe low back pain, rated 9 out of 10 radiating to his left groin and down his right leg to the foot. The injured worker noted numbness and tingling of his right leg and foot. Back pain increased in intensity with change of weather, bending, lifting, and walking. His ambulation is aided with the use of a cane. Physical examination revealed decreased lumbar range of motion, pain at all end ranges, straight leg raise test on the right is positive for back pain and leg pain, difficulty with heel toe walking, difficulty rising from a seated position. The physician documented that the injured worker continues to experience significant lumbar spine pain and right lower extremity weakness. Request for an updated MRI of the thoracic and lumbar spine was needed for further evaluation of the underlying soft tissues prior to DCS (Dorsal Column Stimulator) placement. Patient had reportedly last had a CT scan of lumbar spine in 2005. Actual report was not provided for review. The utilization review performed on 12/05/2014 non-certified a prescription for MRI of the lumbar spine based on medical necessity. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

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): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 177-178 and 303-304.

Decision rationale: As per MTUS ACOEM Guidelines, imaging studies should be ordered in event of (red flag) signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. It is unclear why a thoracic MRI was ordered. Progress notes all specifically states complaints of low back/lumbar pain. Exam also correlates with lumbar pain. Since there is no thoracic pathology or complaints on progress note and provider has not documented any justification for thoracic imaging; Thoracic spine MRI is not medically necessary.