MAXIMUS Federal Services

Case Number:	CM15-0002428		
Date Assigned:	01/13/2015	Date of Injury:	05/29/1992
Decision Date:	03/11/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/06/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male, who sustained an industrial injury on May 29, 1992. The diagnoses have included failed neck surgery syndrome, degenerative disc disease, cervical radiculopathy, cervical myofascial pain syndrome, obesity, depressive disorder, occipital neuralgia and chronic pain. Treatment to date has included neck surgery, pain pump, home exercises, physical therapy, moist heat, stretches and oral medications. Currently, the IW had no complaints on the visit date December 2, 2014. The provider on December 2, 2014 notes that the injured workers pain pump was refilled and maintenance provided on it. It was noted that the battery is on its last month and is in need of replacement. Side port dye study to establish patency of the intrathecal catheter was recommended and apparently authorized. The provider noted that, should the catheter prove faulty, a catheter revision would be needed, and an MRI would be needed to identify the possible presence of a granuloma at the catheter tip as removal of the catheter in the presence of a granuloma increases the risk of surgical complications.On December 15, 2014 Utilization Review non-certified a lumbar spine Magnetic resonance imaging (MRI) without contrast and thoracic MRI without contrast noting Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM) was cited. On December 4, 2014, the injured worker submitted an application for IMR for review of lumbar spine Magnetic resonance imaging (MRI) without contrast, thoracic MRI without contrast, side port dye study with dye, intrathecal pump revision, intrathecal catheter revision, anesthesia, radiology, fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Regarding the request for MRI, CA MTUS and ACOEM note that imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Within the documentation available for review, it appears that intrathecal pump replacement is pending due to the battery reaching the end of its life. The MRI is requested to evaluate for a granuloma at the tip of the catheter should the catheter also need to be changed due to a lack of patency. However, the most recent documentation suggests that the catheter is patent and there is apparently also a pending side port dye study to confirm patency. Therefore, there does not appear to be a clear rationale for an MRI prior to completion of that pending study. In the absence of clarity regarding those issues, the currently requested MRI is not medically necessary.

Thoracic MRI without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Regarding the request for MRI, CA MTUS and ACOEM note that imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Within the documentation available for review, it appears that intrathecal pump replacement is pending due to the battery reaching the end of its life. The MRI is requested to evaluate for a granuloma at the tip of the catheter should the catheter also need to be changed due to a lack of patency. However, the most recent documentation suggests that the catheter is patent and there is apparently also a pending side port dye study to confirm patency. Therefore, there does not appear to be a clear rationale for an MRI prior to completion of that pending study. In the absence of clarity regarding those issues, the currently requested MRI is not medically necessary.