

Case Number:	CM15-0108192		
Date Assigned:	06/12/2015	Date of Injury:	07/24/2014
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/04/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 47-year-old who has filed a claim for chronic low back, mid back, groin, shoulder, and arm pain reportedly associated with an industrial injury of July 24, 2014. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve a request for thoracic MRI imaging. The claims administrator referenced a progress note of April 28, 2015 and an associated RFA form of April 30, 2015 in its determination. The applicant's attorney subsequently appealed. On May 28, 2015, the attending provider apparently appealed physical therapy, ultrasound imaging of the groin, and MRI imaging of the thoracic spine. The attending provider appealed the denial in a highly templated fashion, without explicitly stating what precisely was suspected insofar as the thoracic spine region was concerned. Lumbar MRI imaging of May 26, 2015 was notable for an annular bulge at L4-L5 with associated moderate to severe left-sided neuroforaminal stenosis and moderate right-sided neuroforaminal stenosis. In a May 26, 2015 progress note, the applicant reported 8/10 pain complaints. The applicant was on Dilaudid, Dulera, Lasix, pramipexole, Inderal, Aldactone, Desyrel, and Zofran, it was reported. The applicant was severely obese, with a BMI of 40. 4/5 left extensor hallucis longus strength was appreciated versus 5/5 strength throughout the remainder of the lower extremities. The applicant did exhibit lower extremity edema of unknown origin. The applicant was given a primary operating diagnosis of chronic low back pain with likely lumbar radiculopathy, chronic inferior thoracic back pain, and inguinal hernia status post herniorrhaphy surgery of December 26, 2014. MRI imaging of the thoracic spine was sought to asses "anatomic pathology." Dilaudid and Phenergan were endorsed. The applicant was given a rather proscriptive 10-pound

lifting limitation, which, the treating provider acknowledged, was resulting in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic Spine Non Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: No, the request for thoracic MRI imaging was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the neck and upper back to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, in this case, however, the attending provider failed to outline clear or compelling evidence of thoracic radiculopathy on his May 26, 2015 office visit. On that date, the attending provider acknowledged that the applicant's primary pain generator was the low back. The attending provider acknowledged that the applicant had issues with a lumbar radiculopathy. Lumbar MRI imaging of May 26, 2015, per the authoring radiologist, was suggestive of a L4 radiculopathy. Thus, the applicant already had an established diagnosis of lumbar radiculopathy. The attending provider stated on May 26, 2015 that he was ordering thoracic MRI imaging for academic or evaluation purposes, to assess the structure of the thoracic spine region. This was/is not an appropriate indication for MRI imaging of the thoracic spine, per ACOEM Chapter 8, Table 8-8, and page 182. Therefore, the request was not medically necessary.