MAXIMUS Federal Services

Case Number:	CM15-0165820		
Date Assigned:	09/03/2015	Date of Injury:	05/20/2013
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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

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 30 year old male with an industrial injury dated 05-20-2013. He has reported subsequent upper back and low back pain. The injured worker's diagnoses include cervical radiculitis, lumbar radiculitis, low back pain, and thoracic spine pain. Treatment consisted of MRI of lumbar spine, MRI of thoracic spine, ultrasound, myofascial release, chiropractic trigger point technique, deep friction massage, prescribed medications, and periodic follow up visits. In a progress note dated 07-21-2015, the injured worker reported continued pain in the right thorocolumbar region rated 3 out of 10. Objective findings revealed full lumbar range of motion with no pain. The treating physician reported that he did not feel he needed the follow up Magnetic Resonance Imaging (MRI) during that time. In a more recent progress report dated 07-30-2015, the injured worker reported low back pain and mid back pain. Physical exam revealed mild tenderness to palpitation of midline lower thorax. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) of the thoracic spine for update and reveal of possible syrinx #1, now under review.

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 for update and reveal of possible syrinx #1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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-Lumbar and Thoracic Chapter, under MRIs.

Decision rationale: The patient was injured on 05/20/13 and presents with mid back pain. The request is for a MRI of the thoracic spine for update and reveal of possible syrinx #1. The RFA is dated 07/30/15 and the patient's current work status is not provided. The patient had a prior MRI of the thoracic spine on 06/10/14 which revealed a right paracentral 1 mm disc protrusion without central canal or neural foraminal stenosis at T9-T10 and minor linear T2 prolongation in the lower thoracic spinal cord at the T8 through T10 level, which may represent a tiny syrinx. ODG Guidelines, Low Back- Lumbar and Thoracic Chapter, under MRIs states that “MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient has mild tenderness to palpitation of midline lower thorax. He is diagnosed with cervical radiculitis, lumbar radiculitis, low back pain, and thoracic spine pain. The treater would like an updated MRI of the thoracic spine to "reveal a possible syrinx," which appears reasonable. Therefore, the request is medically necessary.