

Case Number:	CM15-0168429		
Date Assigned:	09/09/2015	Date of Injury:	04/10/2012
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/26/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 41 year old male, who sustained an industrial injury on April 10, 2012, incurring upper and lower back injuries. He was diagnosed with lumbar disc disease, lumbar radiculopathy, and lumbar facet arthropathy and lumbosacral stenosis. On July 20, 2013, the injured worker underwent a posterior lumbar spinal fusion and lumbar laminectomies. Currently, the injured worker complained increased pain across his back radiating into the left sacroiliac joint, down into the buttock and into the thigh, calf and foot. The pain was increased with activity and better with rest. Treatment included anti-inflammatory drugs, pain medications, muscle relaxants and neuropathic medications. On June 10, 2015, a lumbar Magnetic Resonance Imaging revealed degenerative disc disease and facet arthropathy and canal stenosis. He was noted to ambulate with a cane. The low back pain and left leg pain were aggravated with prolonged standing, repetitive bending, heavy lifting, pushing and pulling, kneeling and crawling. The injured worker was unable to return to his former occupation and vocational rehabilitation was indicated. The treatment plan that was requested for authorization in August, 2015, included a Magnetic Resonance Imaging of the thoracic spine to verify any masses or stenosis for the spinal cord stimulator implantation. On August 19, 2015, the treatment plan for a thoracic spine Magnetic Resonance Imaging was denied by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the 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 (ODG): Low Back- Lumbar and Thoracic (Acute and Chronic) Chapter last updated online version (updated 07/17/15) Indications for imagining.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back- MRI.

Decision rationale: MRI (Magnetic Resonance Imaging) of the thoracic spine is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that for most patients special studies are not needed unless a three or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out. Criteria for ordering imaging studies are: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, or failure to progress in a strengthening program intended to avoid surgery, or clarification of the anatomy prior to an invasive procedure. The ODG states that an MRI can be ordered if there is progressive neurologic deficit, red flags, suspected ligamentous injury and in the setting of red flag findings. The documentation indicates that the thoracic MRI was to be done prior to Spinal Cord Stimulator implantation. The documentation does not indicate evidence of red flag findings or progressive neurological deficits. The documentation does not indicate that the spinal cord implantation will definitively occur and the documentation does not indicate outcome of a spinal cord stimulator trial. The request for a thoracic MRI is not medically necessary.