

Case Number:	CM15-0168664		
Date Assigned:	09/14/2015	Date of Injury:	03/22/2011
Decision Date:	10/13/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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: Massachusetts

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 43-year-old male with an industrial injury dated 03-22-2011. A review of the medical records indicates that the injured worker is undergoing treatment for status post global arthrodesis L4-S1 with persistent back and leg pain, anxiety and depression, musculoskeletal deconditioning, oxycodone dependence with weaning schedule, and thoracic disc disease, rule out thoracic myelopathy with hyperreflexia. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, neurology evaluation, and periodic follow up visits. Medical records (12-9-2014 to 08-04-2015) indicate ongoing back pain. In a progress note dated 08-04-2015, the injured worker reported pain rated 9 out of 10. The injured worker reported that his pain is 95% in the back and 5% in his legs. Medical records (08-04-2015) indicated that the injured worker had undergone weaning of Percocet. Records also indicate that he had a hardware injection on 07-30-2015 with no benefit and an epidural steroid injection (ESI), 4 weeks prior, with no relief. Objective findings (08-04-2015) revealed 30 degrees of standing range of motion, broad base gait, use of cane for ambulation, diminished heel walking, diminished toe walking, diminished heel to toe raising, off tandem, and left lateral foot numbness. 80-100% normal in the lower extremities was also noted on exam. The treatment plan consisted of diagnostic testing including a thoracic MRI to determine spinal cord irritation and lower extremity dysfunction. The treating physician prescribed services for Magnetic Resonance Imaging (MRI) thoracic spine, now under review. Utilization Review determination on 08-19-2015, non-certified the request for Magnetic Resonance Imaging (MRI) thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI - Thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Low back - Lumbar and Thoracic chapter - MRI.

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 & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

Decision rationale: The claimant sustained a work injury in March 2011 and underwent L4-5 and L5-S1 lumbar fusion in April 2013. When seen, he was having ongoing significant pain. Pain was rated at 7-10/10. He had undergone a hardware injection in July 2015 and an epidural injection four weeks before without benefit. He was having 95% back and 5% leg pain. Physical examination findings included a broad based gait with use of a cane. There was normal strength with symmetrical reflexes. There was bilateral foot numbness. Authorization for a thoracic spine MRI was requested. Applicable indications in this case for obtaining an MRI of the thoracic spine would include a history of trauma with neurological deficit and when there are red flags such as suspicion of cancer or infection or severe or progressive neurologic deficit. In this case, there are no physical examination findings of myelopathy that suggest a thoracic level spinal cord lesion or red flags. The requested MRI of the thoracic spine was not medically necessary.