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| Case Number: | CM15-0169702 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 02/05/2010 |
| Decision Date: | 10/14/2015 | UR Denial Date: | 08/27/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 29 year old male who sustained an industrial injury on 2-5-10. Diagnoses are cervicalgia, lumbalgia, neuralgia; neuritis and radiculitis, and a surgical history for right shoulder superior labral tear from anterior to posterior. Previous treatment includes chiropractic treatment, physical therapy, and pain medication. In a progress report dated 7-25-15, the treating physician notes the principal symptom of subacute right calf muscle pain, the location as mid-lumbar and the severity as sharp. Pain is rated at 5-6 out of 10 with repetitive use. Medications are Ibuprofen and Hydrocodone. It is noted he gets relief from chiropractic manipulation and physical therapy and that Norco offers partial relief. There is a gradual worsening with repetitive bending. A request for authorization dated 7-25-15 lists Norco and a thoracic MRI. It is noted there is tenderness to palpation at T-6-L1, no improvement and to preserve current work. The requested treatment of an MRI of the thoracic spine; no contrast, was non-certified on 8-27-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Pursuant to the Official Disability Guidelines, MRI thoracic spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the official disability guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are acute and chronic cervicalgia, persistence; low back pain with numbness S1 radiculopathy; right flank pain; right shoulder rotator cuff repair markedly improved; gastritis; and new right Achilles tendon. Date of injury is February 5, 2010. Request for authorization is July 25, 2015. According to a July 25 2015 progress note, the injured worker is 27 years old with complaints of low back pain and right upper extremity rotator cuff repair. Objectively, the injured worker has focal tenderness from T6 through L1. There is focal tenderness to palpation over the thoracic spine. There are no neurologic deficits present. The treatment plan indicates an MRI thoracic spine is requested due to persistent focal tenderness to palpation thoracic spine. There are no unequivocal objective findings that identify a specific nerve compromise. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no focal neurologic deficit and no unequivocal objective findings that identify a specific nerve compromise, MRI thoracic spine is not medically necessary.