

Case Number:	CM15-0182579		
Date Assigned:	09/23/2015	Date of Injury:	09/10/2008
Decision Date:	10/28/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/16/2015

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 59 year old male, who sustained an industrial injury on September 10, 2008. Medical records indicate that the injured worker is undergoing treatment for thoracic back pain, cervical radiculopathy, myalgia and myositis unspecified, chronic pain syndrome, left wrist decreased range of motion, migraine, anxiety, depression and lumbar post-laminectomy syndrome. On 7-7-2015, the injured worker was noted to be permanently unable to work. On 7-20-15, the injured worker complained of head, back, hand, knee and foot pain. The back pain was noted to be worsening. The pain was located in the middle back, low back and gluteal area. The pain radiated to the bilateral left foot, right foot, head, left knee and left hand. The pain was described as achy, burning, sharp and throbbing. Ascending and descending stairs, bending and walking, aggravated the pain. The symptoms were relieved by resting and medications. Examination of the lumbar spine revealed muscle spasm and a painful range of motion. Physical examination of the thoracic spine and cervical spine were not provided. Subsequent progress notes dated 7-7-15, 6-2-15 and 5-5-15 do not provide objective findings related to the cervical spine and thoracic spine. Treatment and evaluation to date has included medications, right ankle x-rays, bilateral sacroiliac joint injections, left wrist Cortisone injections, tendon release of the finger, elbow surgery, knee surgery, left wrist tenolysis and a lumbar laminectomy. Current medications include Lorazepam, Nortriptyline, Oxycodone, OxyContin and Soma. The request for authorization dated 7-28-15 included requests for an MRI of the thoracic spine and an MRI of the cervical spine. The Utilization Review documentation dated 8-10-2015 non-certified

the requests for an MRI of the thoracic spine and an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Magnetic resonance imaging.

Decision rationale: The claimant sustained a work injury in September 2008 and is being treated for chronic pain. In May 2015, he was having bilateral lower extremity radiculopathy with lower extremity weakness and occasional instability when walking after falling in January 2015. Physical examination findings included a body mass index of 37. There was positive straight leg raising with hamstring restriction bilaterally. Additional testing was requested. In July 2015, he was having severe head, back, hand, knee, and foot pain. He was having radiating symptoms into the head, left hand, left knee, and both feet. Physical examination findings included an antalgic gait without assistive device. There was mild pain and stiffness with lumbar range of motion and muscle spasms. MRI scans of the cervical and lumbar spine were requested. Applicable indications in this case for obtaining an MRI of the cervical spine would include a history of trauma with neurological deficit, when there are red flags such as suspicion of cancer or infection, or when there is a severe or progressive neurologic deficit. In this case, there are no findings that would suggest that the claimant needs a cervical spine MRI. There are no reported abnormal plain film x-rays since the fall in January 2015 and there are no findings of an upper motor neuron syndrome or cervical radiculopathy. The requested cervical spine MRI is not medically necessary.

Magnetic resonance imaging (MRI) of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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 September 2008 and is being treated for chronic pain. In May 2015, he was having bilateral lower extremity radiculopathy with lower extremity weakness and occasional instability when walking after falling in January 2015. Physical examination findings included a body mass index of 37. There was positive straight leg raising with hamstring restriction bilaterally. Additional testing was requested. In July 2015, he was having severe head, back, hand, knee, and foot pain. He was having radiating

symptoms into the head, left hand, left knee, and both feet. Physical examination findings included an antalgic gait without assistive device. There was mild pain and stiffness with lumbar range of motion and muscle spasms. MRI scans of the cervical and lumbar spine were requested. Applicable indications in this case for obtaining an MRI of the thoracic spine would include a history of trauma with neurological deficit, when there are red flags such as suspicion of cancer or infection, or when there is a severe or progressive neurologic deficit. In this case, there are no findings that would suggest that the claimant needs a thoracic spine MRI. There are no reported abnormal plain film x-rays since the fall in January 2015 and there are no findings of an upper motor neuron syndrome or thoracic radiculopathy. The requested thoracic MRI is not medically necessary.