

Case Number:	CM15-0203384		
Date Assigned:	10/20/2015	Date of Injury:	09/07/2012
Decision Date:	12/03/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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 41 year old male, who sustained an industrial injury on 9-7-12. Medical records indicate that the injured worker is undergoing treatment for lumbar post-laminectomy syndrome, lumbar spinal stenosis, displacement of cervical intervertebral disc without myelopathy and depression. The injured worker is currently not working. On (9-30-15) the injured worker complained of low back pain radiating to the bilateral legs and feet with lower extremity weakness. The pain was described as burning and stinging. The pain is worse with walking, sitting and standing. The injured worker was noted to have had lumbar surgery which provided relief for several months. Since then the pain has been rated 9 out of 10 on the visual analogue scale. The injured worker also noted left arm weakness and paresthesia. Objective findings regarding the upper extremities noted the reflexes to be 2+ bilaterally, intact sensation and a negative Hoffman's sign. Treatment and evaluation to date has included medications, lumbar x-rays, caudal epidural steroid injection, MRI of the lumbar spine, cognitive behavior therapy, epidural steroid injections, physical therapy and lumbar surgery. Current medications include Senna, Duloxetine Hcl, MS Contin, Gabapentin, Tizanidine Hcl and Naproxen. The treating physician noted that an MRI of the entire spine was needed for further planning as the injured worker may benefit from decompression. The current treatment request included an MRI of the thoracic spine. The Utilization Review documentation dated 10-7-15 non-certified the request for an MRI of the thoracic spine.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Online Version, MRIs.

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: Based on the 8/25/15 progress report provided by the treating physician, this patient presents with chronic low back pain. The treater has asked for MRI of the thoracic spine on 9/30/15. The request for authorization was not included in provided reports. The patient is s/p L4-5 laminectomy and discectomy from 4/5/13 per 8/18/15 report. The patient is s/p caudal epidural steroid injection of unspecified level from 3/20/14 that gave a month's worth of relief per 8/18/15 report. The patient has not been getting adequate pain control with Oxycontin, and will switch to Methadone to see if it has better effect per 8/25/15 report. The patient is currently not working secondary to back injury per 8/25/15 report. ODG-TWC, 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 (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." The patient had a prior MRI of lumbar from 7/5/13 that showed "right sided laminectomy appearing at the L4-5 level with enhancing fibrosis along the right side of the thecal sac and into the right posterior annulus. The disc protrusion that was seen in this area on the previous study of 3/21/13 is no longer identified. The scarring is causing impression of the thecal sac, more on the right than left" per 8/18/15 report, Subsequently, the patient had an recently updated lumbar MRI of unspecified date that showed "congenitally small spinal canal, hypertrophy of epidural fat, and some bulging of the L4-5 disk" per 9/30/15 report. The patient presents with low back pain and lower extremity weakness of several years duration with weakness/paresthesias of left arm, and the treater states that "an MRI of his entire spine needs to be completed prior to further planning" per 9/30/15 report. However, review of reports do not show evidence of subjective pain in the thoracic spine, and physical exam on 9/30/15 show sensation intact through C5-T1 dermatomes with no neurological deficits relating to the thoracic spine. Therefore, the request is not medically necessary.