

Case Number:	CM15-0203974		
Date Assigned:	10/20/2015	Date of Injury:	10/12/2005
Decision Date:	12/03/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/16/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 66 year old male, who sustained an industrial injury on 10-12-06. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having lumbar spine sprain and strain and degenerative joint disease. Treatment to date has included acupuncture, a home exercise program and medication including Norco. Physical exam findings on 9-28-15 included lumbar spine tenderness to palpation with spasm and guarding. A straight leg raise test was positive. A MRI of the lumbar spine obtained on 6-5-15 revealed anterolisthesis at L4-5 with central stenosis and facet degenerative changes. Severe foraminal stenosis was noted on the left at L5-S1 with obscuration of the exiting foraminal nerve. On 9-28-15, the injured worker complained of back pain. On 9-28-15, the treating physician requested authorization for MRIs of the thoracic and cervical spine. On 10-6-15 the requests were non-certified by utilization review.

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.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

Decision rationale: CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints, pgs 177-178 recommends MRI of the thoracic spine when there is a red flag, evidence of tissue insult or neurologic dysfunction. In this case, the cited records from 9/28/15 do not demonstrate any of these conditions that would warrant an MRI of the thoracic spine. Therefore, the request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the CA MTUS/ACOEM Chapter 8, Neck and Upper Back Complaints pgs 177-178 regarding special studies (MRI), recommendations are made for MRI of cervical or thoracic spine when conservative care has failed over a 3-4 week period. Criteria for ordering imaging studies are:- Emergence of a red flag- Physiologic evidence of tissue insult or neurologic dysfunction- Failure to progress in a strengthening program intended to avoid surgery- Clarification of the anatomy prior to an invasive procedure. In this case, the exam notes cited do not demonstrate any deficit neurologically or failed strengthening program prior to the request for MRI. Therefore, the determination is for non-certification, and the request is not medically necessary.