

Case Number:	CM15-0020973		
Date Assigned:	02/10/2015	Date of Injury:	02/05/1999
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 48-year-old [REDACTED] beneficiary who has filed a claim for low back pain reportedly associated with an industrial injury of February 5, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; subsequent implantation of intrathecal pain pump; and unspecified amounts of physical therapy over course of the claim; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 26, 2015, the claims administrator failed to approve a request for MRI imaging of the chest. The claims administrator, in its report rationale, however, seemingly interpreted/consulted the request as a request for thoracic MRI imaging. There was some mention of suspected granuloma. The claims administrator referenced multiple historical Utilization Review Reports in its determination along with an October 20, 2014 progress note and RFA form of January 14, 2015. The applicant's attorney subsequently appealed. In a handwritten statement, the applicant expressing displeasure over the denial stating that the claims administrator was, in effect, renegeing on provision made for future medical care. The applicant attorney's subsequently appealed. On October 8, 2014, the applicant underwent an intrathecal pump removal to ameliorate preoperative diagnosis of failed back syndrome status post earlier intrathecal pain pump implantation. The applicant had reportedly developed a granuloma at the tip of the intrathecal catheter, it was incidentally noted. In an RFA form dated January 15, 2015, it was stated that the thoracic MRI imaging was being sought prior the applicant's receiving a follow up with his treating provider. In an October 13, 2014 thoracic MRI report, the applicant was described as having a granuloma about the left lateral spinal canal

surrounding the tip of the intrathecal catheter at T10. No clinical progress note was attached to the January 14, 2015 RFA form.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI chest spine w/o dye outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; 2015 20th edition, Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: No, the request for "MRI imaging of the chest/spine" was not medically necessary, medically appropriate, or indicated here. The request in question, per the attending provider's RFA form of January 15, 2015, appears to represent a request for thoracic MRI imaging. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182, does recommend thoracic MRI imaging to help validate a diagnosis of nerve root compromise, based on clear history and physical exam findings in preparation for an invasive procedure, in this case, however, there was/is no clear or compelling evidence of nerve root compromise associated with the thoracic spine and/or upper extremities. Rather it appeared that the attending provider was intent on ordering thoracic MRI imaging for routine evaluation purposes, with no clearly formed intention with acting on the results on the same. Again, no clinical progress notes were attached to the January 14, 2015 RFA form so as to augment the request. Therefore, the request was not medically necessary.