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| Case Number: | CM15-0021761 | | |
| Date Assigned: | 02/11/2015 | Date of Injury: | 08/08/2014 |
| Decision Date: | 03/31/2015 | UR Denial Date: | 01/15/2015 |
| Priority: | Standard | Application Received: | 02/05/2015 |

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 52 year old male, who sustained an industrial injury on 08/08/2014. He has reported subsequent back, upper extremity and low extremity pain and was diagnosed with multiple trauma, rib, scapula, distal humerus and radial head fractures, bilateral shoulder stiffness, right elbow complex fracture and right hand fracture. Treatment to date has included oral pain medication, intercostal nerve blocks, surgery and physical therapy. In a progress note dated 01/05/2015, the injured worker complained of left lower back pain radiating to the hip and left knee along with numbness of the left lower extremity as well as moderate-severe chest pain. A previous x-ray of the spine was noted to show a stable L1 compression fracture that appeared to be healed and healed transverse laminar fractures in the thoracic region. The physician recommended an MRI of the thoracic spine to further evaluate the healing fractures and determine whether any nerve compression had occurred. A request for authorization of an MRI of the thoracic spine was made. On 01/15/2015, Utilization Review non-certified a request for MRI of the thoracic spine, noting that there was no documentation of specific nerve compromise. MTUS and ACOEM guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) thoracic spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Regarding the indications for imaging in case of back pain, MTUS guidelines stated: “Lumbar spine x rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)”. Furthermore, and according to MTUS guidelines, MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of lumbar radiculopathy or nerve root compromise. There is no clear evidence of significant change in the patient signs or symptoms suggestive of new pathology. A previous x-ray of the spine was noted to show a stable L1 compression fracture that appeared to be healed and healed transverse laminar fractures in the thoracic region. Therefore, the request for MRI of the thoracic spine is not medically necessary.