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| Case Number: | CM15-0213036 | | |
| Date Assigned: | 11/02/2015 | Date of Injury: | 10/20/2008 |
| Decision Date: | 12/14/2015 | UR Denial Date: | 10/16/2015 |
| Priority: | Standard | Application Received: | 10/29/2015 |

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 62 year old female, who sustained an industrial injury on 10-20-2008. The injured worker is undergoing treatment for internal derangement of the knees, lumbar discogenic condition, ankle sprain and chronic pain. Medical records dated 10-6-2015 indicate the injured worker complains of ongoing back and knee pain Physical exam dated 10-6-2015 notes bilateral knee tenderness to palpation, swelling and painful decreased range of motion (ROM). The treating physician does not provide results of spinal exam. Exam dated 9-18-2015 indicates lumbar and sacroiliac joint tenderness to palpation and knee tenderness to palpation. Treatment to date has included cane, cortisone injection, Hyalgan injection, surgery, knee braces, hot and cold wrap, Transcutaneous Electrical Nerve Stimulation (TENS) unit, X-ray, back brace and medication. The original utilization review dated 10-16-2015 indicates the request for magnetic resonance imaging (MRI) thoracic spine is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation ODG Low Back.

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

Decision rationale: Treatment Guidelines for the Upper Back Disorders, under Special Studies and Diagnostic and Treatment Considerations, states Criteria for ordering imaging studies include Emergence of a red flag; Physiologic evidence of tissue insult or neurological dysfunction; Failure to progress in a strengthening program intended to avoid surgery; Clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination and electrodiagnostic studies. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist; however, review of submitted medical reports have not adequately demonstrated the indication for this MRI nor document any failed conservative trial with medications and therapy. The patient has chronic symptom complaints with diffuse non-correlating neurological findings without specific deficits. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. The MRI without contrast of thoracic spine is not medically necessary or appropriate.