MAXIMUS Federal Services

Case Number:	CM15-0031534		
Date Assigned:	02/24/2015	Date of Injury:	02/08/2014
Decision Date:	04/08/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/19/2015

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, New York, 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 37-year-old [redacted] beneficiary who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of February 8, 2014.In a Utilization Review Report dated February 9, 2015, the claims administrator failed to approve a request for lumbar MRI imaging. Despite the fact that the MTUS addressed the topic, non-MTUS ODG Guidelines were explicitly referenced. A February 3, 2015 progress note was also cited amongst the listed documents reviewed, although it was not summarized. On February 3, 2015, the applicant reported multifocal complaints of neck, mid back, and low back pain, highly variable, 5-8/10, exacerbated by gripping, grasping, lifting, carrying, pushing, pulling, and lying down. The applicant did report some radiation of neck pain to the hands. The applicant was no longer working, it was acknowledged. The applicant was using Vicodin, Flexeril, Ambien, and Ultracet. Limited range of motion about multiple body parts was noted on exam. The applicant was obese, standing 5 feet 1 inch tall and weighing 132 pounds. The attending provider stated that he was ordering MRI studies of the spine, plain films of the spine, and electrodiagnostic testing of the upper extremities based on recommendations issued on a September 26, 2014 Qualified Medical Evaluation (QME) report. Tramadol, Flexeril, and Norco were endorsed while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment Disability Duration Guidelines.

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 thoracic spine without contrast was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the cervical spine to 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, the attending provider did not outline any clear history and/or physical exam findings suggestive of nerve root compromise involving the thoracic spine and/or upper extremities. Rather, the treating provider seemingly suggested that he was intent on requesting multiple imaging studies at the recommendation of a medical-legal evaluator. It appeared, thus, that the study in question was being endorsed for routine evaluation purposes, with no clearly stated intention of acting on the results of the same. The multifocal nature of the applicant's pain complaints and multiple studies ordered further reduce the likelihood of the applicant's acting on the results of any one study and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

MRI Lumbar without Contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Integrated Treatment Disability Duration Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: Similarly, the request for MRI imaging of the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. As noted in MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red-flag diagnoses are being evaluated. Here, however, as with the preceding request, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of the proposed lumbar MRI and/or consider surgical intervention based on the outcome of the same. The multifocal nature of the applicant's complaints and multiplicity of studies order further reduce the likelihood of the applicant's acting on the results of anyone particular study and/or consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.