MAXIMUS Federal Services

Case Number:	CM15-0031540		
Date Assigned:	02/24/2015	Date of Injury:	08/29/2013
Decision Date:	04/08/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/20/2015

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 54-year-old [redacted] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of August 29, 2013.In a Utilization Review Report dated February 17, 2015, the claims administrator failed to approve a request for thoracic MRI imaging. Lumbar epidural steroid injection therapy, however, was approved, it was incidentally noted. An RFA form received on February 9, 2015 and associated progress note of February 6, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On February 6, 2015, the applicant reported ongoing complaints of mid and low back pain. The applicant apparently had received earlier lumbar MRI imaging of June 30, 2014, it was incidentally noted, which was notable for multilevel low-grade disk bulges, disk protrusions, and degenerative changes of uncertain clinical significance. The applicant was currently unemployed, it was acknowledged. 5-8/10 low back and upper back pain were reported. 5/5 upper and lower extremity strength was appreciated with equivocal right-sided straight leg raising and a normal gait also noted. The applicant was characterized as obese. Lumbar epidural steroid injection therapy and thoracic MRI imaging were proposed while the applicant was placed off of work, on total temporary disability. Cymbalta, naproxen, and tramadol were also renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic MRI QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

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

Decision rationale: No, the proposed thoracic MRI 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 neck and/or upper back in applicants with suspected diagnoses of nerve root compromise in preparation for an invasive procedure, in this case, however, there was neither an explicit statement (nor an implicit expectation) that the applicant would act on the results of proposed thoracic MRI and/or consider any kind of surgical intervention based on the outcome of the same. The applicant's primary pain generator was the low back (lumbar spine) the treating provider acknowledged in the February 6, 2015 progress note, referenced above. The thoracic spine was an ancillary issue. The applicant did not appear to have any symptoms of nerve root compromise referable to the thoracic spine. Therefore the request was not medically necessary.