

Case Number:	CM15-0036536		
Date Assigned:	03/05/2015	Date of Injury:	10/25/2013
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/26/2015

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 45 year old male with an industrial injury dated 10/25/2013 which resulted in to the middle and low back. Diagnoses includes thoracic strain/sprain, rule out herniated nucleus pulposus of the thoracic spine, thoracic spine subluxation, and respiratory distress. Diagnostic testing has included MRI of the thoracic spine (02/21/2015). Previous treatments have included conservative measures, medications, chiropractic manipulation, and physical therapy. A progress note dated 01/14/2015, reports constant thoracic spine pain (rated 3-4/10). The objective examination revealed increased pain with pressure in the mid-thoracic spine, and difficulty with deep breathing. The treating physician is requesting MRI of the lumbar spine and low back brace which was denied by the utilization review. On 02/10/2015, Utilization Review non-certified a request for MRI of the lumbar spine and low back brace, noting MTUS ACOEM guidelines were cited. On 02/29/2015, the injured worker submitted an application for IMR for review of MRI of the lumbar spine and low back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic resonance imaging (MRI) of the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRIs (magnetic resonance imaging).

Decision rationale: The patient presents with the middle and low back pain. The request is for Magnetic Resonance Imaging (MRI) Of The Lumbar Spine. The RFA provided is dated 01/09/15. Patient's diagnosis included thoracic strain/sprain, rule out herniated nucleus pulposus of the thoracic spine, thoracic spine subluxation, and respiratory distress. Thoracic MRI performed on 02/21/15 was unremarkable. Previous treatments included conservative measures, medications, chiropractic manipulation, and physical therapy. The reports do not reflect whether or not the patient is working. ODG guidelines, Low back chapter, MRIs (magnetic resonance imaging) (L-spine) state that "for uncomplicated back pain MRIs are recommended for radiculopathy following at least one month of conservative treatment." ODG guidelines further state the following regarding MRI's, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)". ACOEM Guidelines, chapter 8, page 177 and 178, state "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG Guidelines do not support MRIs unless there are neurologic signs/symptoms present. Repeat MRI's are indicated only if there has been progression of neurologic deficit. Most of the progress reports provided are handwritten, illegible, and hard to interpret. Treater does not provide a rationale for the request. In this case, there are no documented subjective complaints of radiculopathy; no radiating or radicular symptoms are described. The patient has not had an MRI but in the absence of any red flags, neurologic findings, or radicular symptoms to raise a concern for radiculopathy, an MRI is not recommended per ODG and ACOEM. The request IS NOT medically necessary. Most of the progress reports provided are handwritten, illegible, and hard to interpret. Treater does not provide a rationale for the request. In this case, there are no documented subjective complaints of radiculopathy; no radiating or radicular symptoms are described. The patient has not had an MRI but in the absence of any red flags, neurologic findings, or radicular symptoms to raise a concern for radiculopathy, an MRI is not recommended per ODG and ACOEM. The request IS NOT medically necessary.

Low back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, Lumbar supports.

Decision rationale: The patient presents with the middle and low back pain. The request is for low back brace. The RFA provided is dated 01/09/15. Patient's diagnosis included thoracic strain/sprain, rule out herniated nucleus pulposus of the thoracic spine, thoracic spine subluxation, and respiratory distress. Thoracic MRI performed on 02/21/15 was unremarkable. Previous treatments included conservative measures, medications, chiropractic manipulation, and physical therapy. The reports do not reflect whether or not the patient is working. ACOEM Guidelines page 301 on lumbar bracing state, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under its low back chapter, Lumbar Supports, states, "Prevention: Not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under treatment, ODG further states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP -very low-quality evidence, but may be a conservative option." Most of the progress reports provided are handwritten, illegible, and hard to interpret. Treater does not provide a rationale for the request. ODG recommends it as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP. In this case, the patient does not present with fracture, documented instability, or spondylolisthesis to warrant lumbar bracing. For non-specific LBP, ODG states that there is only very, low-quality evidence. The request IS NOT medically necessary.