

Case Number:	CM15-0038119		
Date Assigned:	03/06/2015	Date of Injury:	07/08/2008
Decision Date:	04/17/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/28/2015

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 48-year-old male, who sustained an industrial injury on 7/8/08. On 2/28/15, the injured worker submitted an application for IMR for review. The treating provider has reported the injured worker complained of low back that radiates to the left lower extremity associated with burning, aching and worse down to left foot with activity. A spinal cord stimulator was placed (no date) and the leads reside in the thoracic spine area. The diagnoses have included failed low back surgery syndrome; chronic left S1 radiculopathy; chronic pain syndrome; lumbar herniated disc; lumbar stenosis; facet arthropathy. Treatment to date has included physical therapy, acupuncture and medications; status post lumbar decompression (2008); lumbar epidural steroid injections (ESI); pain psychology consultation for spinal cord stimulator surgery clearance (1/16/15); status post spinal cord stimulator (no date and no operative record submitted). A Utilization Review was completed on 2/5/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The patient presents with pain and weakness in his lower back and lower extremity. The patient is s/p lumbar decompressive surgery at L5-S1 in 2008. The request is for MRI of the thoracic spine. Per 10/06/14 progress report, the patient has had conservative care including epidural injections, physical therapy and medication management with minimal to no benefit. The patient is currently working. MTUS guidelines do not discuss MRIs. The ACOEM Guidelines page 177 to 178 list the criteria for ordering imaging studies which include emergency of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery and clarification of anatomy prior surgery or procedure. ACOEM further states that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence toward imaging studies if symptoms persist. In this case, the treater does not explain why MRI of the thoracic spine is being asked for. None of the reports mention mid back, except a spinal cord stimulator was placed (no date) and the leads reside in the thoracic spine area per the utilization review letter on 02/05/15. The request may or may not be related to SCS wire issues, but typically, MRI's are not compatible with SCS wire. The treater does not explain. While there is no report of prior MRI of T-spine, medical necessity of the request is not established. There are not thoracic spine symptoms, no red flags, no myelopathy, or other concerns. The request IS NOT medically necessary.