MAXIMUS Federal Services

Case Number:	CM15-0052038		
Date Assigned:	03/25/2015	Date of Injury:	05/02/2008
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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: Florida
Certification(s)/Specialty: Family Practice

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 57-year-old female, who sustained an industrial injury on 5/2/08. She reported back pain. The injured worker was diagnosed as having low back pain and chronic thoracic back pain for which a structural lesion cannot be ruled out. Treatment to date has included L5-S1 laminectomy and fusion performed on 3/20/11. She was prescribed Percocet but did not regularly take it due to it causing bowel dysfunctions. Currently, the injured worker complains of low back pain. The treating physician requested authorization for a MRI of the thoracic spine. The treating physician noted a MRI was needed for a definitive diagnosis of the injured worker's thoracic back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Thoracic Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints, pages 177-178 Page(s): Neck and Upper Back Complaints, pages 177-178, 301-315.

Decision rationale: Regarding this request for a Thoracic MRI, guidelines state unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however further physiologic evidence of nerve, dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging results in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. In this patient's case, her orthopedic surgeon is requesting this MRI. He states in his note that the patient could be a candidate for interventional injections and possible surgical decompression. This Orthopedic note states that the patient has not had an MRI performed, and that her symptoms have been present since 12/2014. He states that he cannot rule out a structural lesion as the cause of her chronic back pain, and states that an MRI is needed for definitive diagnosis. This request is considered medically necessary.