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| Case Number: | CM15-0055744 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 08/14/2001 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 02/12/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 injured worker is a 59 year old male, who sustained an industrial injury on 08/14/2001. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having opioid type dependency, lumbalgia, unspecified thoracic/lumbar, post laminectomy, and thoracic pain. Treatment to date has included laboratory studies, medication regimen, lumbar epidural steroid injection, and exercises. In a progress note dated 01/28/2015 the treating physician reports complaints of sharp radicular pain along the lumbar five to sacral one dermatome bilaterally that is rated a five to seven on a scale of one to ten. The treating physician requested a magnetic resonance imaging to the thoracic spine noting that the injured worker has tenderness and radiating pain from the thoracic spine to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) Thoracic Spine, with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter - Lumbar and Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 287-326, page(s) 165-188.

Decision rationale: The MTUS Guidelines do not directly address the use of this type of advanced imaging of the thoracic region. The ACOEM Guidelines support the use of cervical MRI imaging if a "red flag" is found, such as findings suggesting a fracture, symptoms of upper back complaints after a recent trauma, or symptoms suggesting an infection or tumor. MRI of the upper back is also supported when symptoms do not improve despite three to four weeks of conservative care with observation and there is evidence of an injury or nerve problem or when an invasive procedure is planned and clarification of the worker's upper back structure is required. The ACOEM Guidelines also recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing back pain that went into the leg along the path of the L5 spinal nerves on both sides and mid-back pain that went into the lower back. While the mid-back pain was mentioned in these records, the assessment of this issue was minimal. There were no documented examination findings suspicious for nerve involvement or "red flag" issues. There also was no discussion detailing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the thoracic spine region with contrast is not medically necessary.