

Case Number:	CM15-0055939		
Date Assigned:	04/01/2015	Date of Injury:	07/29/2005
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
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: 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 was a 60-year-old female, who sustained an industrial injury, July 29, 2005. The injured worker previously received the following treatments psychiatric diagnostic evaluation and treatment, physical therapy, home exercise program, Flector patches, Ibuprofen, Sertraline and Tizanidine. The injured worker was diagnosed with chronic pain syndrome, chronic low back pain, depressive disorder, psychalgia and lumbar post laminectomy syndrome. According to progress note of September 2, 2014, the injured workers chief complaint was bilateral lower back pain with radiation of pain to the left lower extremity to the foot, causing weakness, numbness and tingling. The pain was described as burning, cramping, electrical and shooting. The pain was rated a 7 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted positive straight leg testing bilaterally. There was tenderness noted with palpation of the midline lumbar spine on both sides. The treatment plan included an MRI of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of thoracic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

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, MRI.

Decision rationale: The patient was injured on 07/29/2005 and presents with lower back pain, psychalgia, depressive disorder, and lumbar postlaminectomy syndrome. The request is for an MRI of the Thoracic spine. There is no RFA provided, and the patient is not currently working. The report with the request is not provided, nor do any of the reports discuss this request. Reviews of the reports provided do not indicate if the patient had a prior MRI of the thoracic spine. ACOEM Guidelines page 177 and 178 has the following criteria for ordering imaging: "Emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction; failing to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure." The ODG Guidelines under the low back and thoracic chapter has the following regarding MRIs, "Recommended for indications below. MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month conservative therapy, sooner if there is severe or progressive neurological deficit." The patient has bilateral low back pain, which radiates in the right and left L5 distribution, bilateral S1 distribution, left hip, left legs, left toes. She has left lower extremity weakness, numbness in the left lower extremity, tingling in the left lower extremity, stiffness of the lower back, and interference with sleep. Review of the reports provided does not indicate if the patient had a prior MRI of the thoracic spine. In this case, there is no indication of the patient having any thoracic spine pain. There are no positive exam findings provided to support the requested MRI of the thoracic spine. Therefore, the request is not medically necessary.