MAXIMUS Federal Services

Case Number:	CM14-0164394		
Date Assigned:	10/09/2014	Date of Injury:	06/11/2013
Decision Date:	11/13/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/06/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of June 11, 2013. A utilization review determination dated September 12, 2014 recommends denial of an open MRI of the thoracic spine. Denial was recommended since they thoracic MRI was provided in late June and there is no information as to why a repeat MRI would be needed. An MRI of the thoracic spine dated June 27, 2014 identifies a disk protrusion at T5-6 and T12-L1. A progress report dated June 18, 2014 identifies subjective complaints of back pain which radiates into the right buttock and leg. Physical examination findings reveal weakness in the left lower extremity and sensory loss in the left foot. The patient also has tenderness to palpation in the mid thoracic and mid lumbar spine. Diagnoses include lumbar degenerative disc disease and probable thoracic herniated nucleus pulposis. The treatment plan requests an open thoracic MRI because of her severe mid back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI CHEST SPINE W/O DYE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck & Upper Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck Chapter, MRI OFFICIAL DISABILITY GUIDELINES: Minnesota

Decision rationale: Regarding the request for cervical MRI, guidelines support the use of imaging for emergence of a red flag, physiologic evidence of tissue insult or neurologic deficit, failure to progress in a strengthening program intended to avoid surgery, and for clarification of the anatomy prior to an invasive procedure. Guidelines also recommend MRI after 3 months of conservative treatment. Regarding repeat imaging, Official Disability Guidelines: [redacted] that repeat imaging of the same views of the same body part with the same imaging modality is not indicated except as follows: to diagnose a suspected fracture or suspected dislocation, to monetary therapy or treatment which is known to result in a change in imaging findings and imaging of these changes are necessary to determine the efficacy of the therapy or treatment, to follow up a surgical procedure, to diagnose a change in the patient's condition marked by new or altered physical findings, to evaluate a new episode of injury or exacerbation which in itself would warrant an imaging study, when the treating healthcare provider and a radiologist from a different practice have reviewed a previous imaging study and agree that it is a technically inadequate study. Within the documentation available for review, it appears the patient has undergone a thoracic MRI in June 2014. The requesting physician has not identified a significant change in the patient's subjective complaints or objective findings for which a more recent MRI would be warranted. In the absence of such documentation, the currently requested repeat thoracic MRI is not medically necessary.