

Case Number:	CM14-0098144		
Date Assigned:	07/30/2014	Date of Injury:	04/11/2001
Decision Date:	10/06/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/26/2014

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 Family Medicine 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:

The injured worker is a 65 year old female who was injured on 04/11/01 while pulling a bread rack. The injured worker is status post lumbar interbody fusion at L5-S1 performed in 2010. MRI of the lumbar spine dated 06/28/12 reveals multilevel spondylosis and no spinal canal stenosis. Severe degenerative disc disease is noted at L1-2 with moderate right and mild left neural foraminal stenosis which may be impinging the exiting right L1 nerve root. At L3-4 there is moderate to severe left lateral recess stenosis which likely impinges the traversing left L4 nerve root. MRI of the lumbar spine dated 07/26/13 reveals degenerative changes and mild L3-4 canal stenosis with foraminal stenosis noted at levels L1-2 through L5-S1. A CT scan of the lumbar spine dated 02/12/14 shows a solid fusion at L5-S1 and progression of degenerative disc disease at L1-2. Most recent clinical note dated 05/09/14 notes the injured worker complains of severe back pain near the thoracolumbar junction with pain and parasthesias in the legs and subjective weakness in the legs. Physical examination reveals severe spasm in the region of the thoracolumbar junction. Motor strength is 4/5 upon flexion and extension of the left knee, dorsiflexion and plantar flexion of the left foot and the left EHL. The same muscle groups of the right lower extremity reveal strength at 4+/5. This note references "flexion and extension films" which "do not show frank instability." This note states an MRI of the thoracic and lumbar spine is suggested "as the [injured worker] has a history of breast cancer and severe degenerative changes in the thoracular junction." A request for an MRI of the thoracic and lumbar spine with and without contrast is submitted on 05/27/14 and is subsequently denied by Utilization Review dated 06/04/14 citing a lack of evidence of a change in symptoms or findings to warrant a repeat study of the lumbar spine and a lack symptom/neurological findings referable to 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 and Lumbar Spine With and Without Contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Magnetic Resonance Imaging (MRI); Low Back, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic Chapter, MRIs (magnetic resonance imaging)

Decision rationale: Records indicate the injured worker has received multiple imaging studies of the lumbar spine to include previous postsurgical MRIs. ODG states, "Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology." The records submitted for review did not reveal a change in symptoms or findings suggestive of a significant findings such as a tumor or fracture. Records do not indicate an MRI of the thoracic spine has been performed to date. ACOEM states, "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. The submitted records note spasm in the region of the thoracolumbar junction with subjective reports of pain about the same region; however, there are no objective findings which unequivocally suggest findings of a specific nerve compromise about the thoracic spine. Based on the clinical information provided, the request for MRI of the thoracic and lumbar spine with and without contrast is not medically necessary.