

Case Number:	CM14-0122215		
Date Assigned:	08/06/2014	Date of Injury:	08/09/2012
Decision Date:	06/25/2015	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/04/2014

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. 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, Indiana, New York
 Certification(s)/Specialty: Internal 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 55 year old male with an industrial injury dated 08/09/2012 and cumulative type of injuries during the period for August 1, 2000 to April 26, 2013 resulting in neck and low back pain. His diagnoses included sprain of ligaments of cervical spine rule out disc displacement, radiculopathy - cervical region, low back pain, sprain of ligaments of lumbar spine rule out disc displacement and radiculopathy of lumbar region. Prior treatment included physical therapy, diagnostics, orthopedic evaluation, localized intense neurostimulation therapy, acupuncture and medications. He presents on 06/13/2014 with complaints of neck pain rated as 7-8/10 and low back pain rated as 9/10 on the pain scale. Neck pain was associated with numbness and tingling of the bilateral upper extremities. Back pain was described as moderate to severe and was associated with numbness and tingling of the bilateral lower extremities. The injured worker states pain is aggravated by activities of daily living such as getting dressed and performing personal hygiene. Physical exam revealed tenderness of the cervical spine with restricted range of motion. Sensation to pinprick and light touch was intact over the cervical 5, 6, and 7 dermatomes in the bilateral upper extremities. Exam of the lumbar spine revealed tenderness with bilateral lumbar paraspinal muscle guarding. Range of motion was decreased. There was diminished sensation to pinprick and light touch at the lumbar 5 and sacral 1 dermatomes in the left lower extremity. Work status was temporarily totally disabled from 06/11/2014-07/11/2014. The request is for 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 thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287,303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the thoracic spine is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. cervical spine. The results were not available for review. Thoracic spine radiographs showed multilevel osteoarthritis. Objectively, a neurological evaluation did not provide evidence of radiculopathy at the thoracic spine level. There was no unequivocal objective specific nerve compromise on physical examination. There were no red flags documented in the medical record. Consequently, absent clinical documentation with clinical evidence of radiculopathy, unequivocal objective specific nerve compromise or red flags, MRI of the thoracic spine is not medically necessary. In this case, the injured worker's working diagnoses are lumbar spine radiculitis; thoracic spine myalgia; and bilateral lateral epicondylitis. The date of injury is August 9, 2012. An agreed-upon medical examination (AME) an initial physician orthopedic progress note is dated April 9, 2014. Subjectively, the injured worker has complaints of upper back, mid and low back pain. The injured worker underwent a prior lumbosacral spine MRI and cervical spine MRI. The results were not in the medical record for review. Neurologically, there were no radicular findings at the level of the cervical, thoracic or lumbar spine. There were no red flags documented. There were no unequivocal objective nerve findings on physical examination. There is no contemporaneous progress note on or about the date of authorization June 30, 2014. There was no clinical documentation with the clinical indication or rationale for an MRI thoracic spine. Consequently, absent clinical documentation with unequivocal specific near compromise on physical examination, objective evidence of radiculopathy, a contemporaneous clinical progress note on or about the date of request for authorization, MRI of the thoracic spine is not medically necessary.