

Case Number:	CM14-0203487		
Date Assigned:	12/16/2014	Date of Injury:	09/05/2012
Decision Date:	02/17/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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 Practice, and is licensed to practice in New Jersey. 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 61 year old male was injured 9/5/12 while trying to get a stuck door opened, at which time he fell approximately 7 feet onto concrete and bounced off of another train, sustaining injury to his right arm, leg, hip and knee with loss of consciousness. On the day of injury was prescribed medications and he had diagnostic studies that included MRI right knee and computed tomography of the chest. He had a second computed tomography of the chest 9/9/12. In addition to the medications he underwent radiographs of the chest (for shortness of breath), head, and arm. He had 8 sessions of physical therapy which provided moderate pain relief and steroid joint injection to the right knee which provided mild relief of pain. Diagnoses include tear of medial cartilage of the knee; knee pain; thoracic pain; postconcussion syndrome; hip pain; bursitis; chest wall pain; closed rib fracture. On 7/22/14, he underwent right knee arthroscopy. He complained of progressive chronic pain in the neck resulting in headaches; mid-back; lower back that radiates to the right lower extremity associated with weakness; right hip and right knee for the past two years. The pain is moderate and occurs intermittently. The pain intensity at worst is 3-7/10. The pain is aggravated by walking, prolonged standing, kneeling and prolonged walking. Back pain is relieved when leaning forward. Regarding functional limitations the injured worker avoids physically exercising, participating in recreation, doing yard work or shopping and having sexual relations due to pain. The past significant medical history includes neck injury in 2011 sustaining a disc herniation at C6-7 and diabetes. His medications for pain were ibuprofen and Lidoderm patch. Urine toxicology screen revealed positive for tricyclic antidepressants. On 10/24/14, physical examination of his lumbar spine there was tenderness on palpation over the right posterolateral inferior rib cage and the right greater trochanter and range of motion was decreased. Examination of the right knee revealed right knee effusion with warmth and pitting edema over bilateral lower extremities. There is no crepitus noted but significant valgus angles to

the knee at rest. A request for one time psychiatric consult regarding chronic pain was submitted along with physical therapy, therapeutic steroid injection and thoracic MRI. His pain level has remained unchanged. He was to return to full work duty with no restrictions. On 11/7/14 Utilization Review non-certified the request for MRI Thoracic spine based on a concurrent request for physical therapy and it was felt that the outcome of physical therapy should be assessed first, prior to consideration of additional diagnostic studies such as an MRI. ACOEM Practice Guideline was referenced.

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 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The MTUS ACOEM Guidelines state that for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3-4 week period of conservative care and observation fails to improve symptoms. The criteria for considering MRI of the cervical/thoracic spine includes: emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, looking for a tumor, and clarification of the anatomy prior to an invasive procedure. In the case of this worker, there was no signs or symptoms documented in the notes available for review to suggest a red flag diagnosis or new changes which might have warranted having an MRI of the thoracic spine. Also, the provider recommended physical therapy to be continued, which should be completed before considering any imaging. Therefore, the thoracic MRI is not medically necessary.