

Case Number:	CM14-0211817		
Date Assigned:	12/24/2014	Date of Injury:	08/28/2002
Decision Date:	02/27/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/17/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 8/28/02. A utilization review determination dated 12/8/14 recommends non-certification/modification of MRIs of the cervical and thoracic spine and blood draw. 11/19/14 medical report identifies mid and low back pain. There is a history of L5-S1 fusion and a left L3-4 microdiscectomy and hemilaminectomy was performed on 10/9/14. No exam was performed due to the patient's recent surgery. The provider noted that the surgeon wants to have a thoracic and cervical MRI performed prior to the next follow-up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, cervical 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 - Lumbar & Thoracic chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: Regarding the request for cervical MRI, CA MTUS and ACOEM 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. Within the documentation available for review, the provider notes that the neurosurgeon wished to review a cervical and thoracic MRI at the next follow-up visit, but there is no provided rationale for these studies given that the patient underwent lumbar surgery rather than cervical/thoracic surgery and there are no current symptoms/findings suggestive of cervical/thoracic pathology. In the absence of clarity regarding the above issues, the requested cervical MRI is not medically necessary.

Blood Draw QTY: 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Complete Blood Count (<http://labtestsonline.org/understanding/analytes/cbc/tab/test>)

Decision rationale: Regarding the request for a blood draw, it appears that the request is for labs such as CBC. California MTUS and ODG do not address the issue. A CBC is ordered to evaluate various conditions, such as anemia, infection, inflammation, bleeding disorders, leukemia, etc. Within the documentation available for review, none of these conditions or another condition for which this test would be appropriate are documented, and there is no indication of the date and results of prior testing. In light of the above issues, the currently requested blood draw is not medically necessary.

MRI, 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 - Lumbar & Thoracic chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 176-177.

Decision rationale: Regarding the request for thoracic MRI, CA MTUS and ACOEM 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. Within the documentation available for review, the provider notes that the neurosurgeon wished to review a cervical and thoracic MRI at the next follow-up visit, but there is no provided rationale for these studies given that the patient underwent lumbar surgery rather than cervical/thoracic surgery and there are no current

symptoms/findings suggestive of cervical/thoracic pathology. In the absence of clarity regarding the above issues, the requested thoracic MRI is not medically necessary.