

Case Number:	CM14-0213944		
Date Assigned:	12/31/2014	Date of Injury:	04/25/2013
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/22/2014

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

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 patient is a 26 year old female with an injury date of 04/25/13. Based on the 07/22/14 progress report provided by treating physician, the patient complains of mid back pain rated 7/10 aggravated by prolonged positioning, and low back pain rated 7/10 with associated spasms. Patient also complains of numbness and tingling to the bilateral lower extremities. Patient is status post unspecified workplace injury with gradual worsening of symptoms over 2 months. Patient has no surgical history directed at this complaint. Physical examination 07/22/14 revealed tenderness to palpation to the bilateral rhomboids, and proximal, middle, and distal trapezius muscles with spasms noted. Thoracic neurological exam notes normal function at the associated dermatomes. Lumbar examination reveals listing to the left side, palpable tenderness to bilateral paraspinal muscles and over the quadratus lumborum, tenderness to palpation at both sciatic notches, right more than left. Lumbar neurological assessment notes decreased motor strength bilaterally, slightly decreased sensation at the L5 and S1 dermatomes bilaterally. The patient is currently prescribed Deprizine, Dicopanor, Fanatrex, Synapryn, Tabradol. Diagnostic imaging included thoracic MRI dated 01/17/14, significant findings: "MRI thoracic spine study is unremarkable". Per 11/25/14 denial letter, a lumbar MRI was also performed 01/17/14, though this was not included with the provided documentation. Per denial letter, significant findings include: "Disc desiccation at L5-S1 level. L5-S1 with a focal central disc protrusion with annular tear without effacing the thecal sac... Grade I retrolithesis of L5 over S1 noted [sic]." Patient's current work status is not specified in the reports provided. Diagnosis 07/22/14- Thoracic spine sprain/strain- Lumbar spine sprain/strain- Lumbar spine radiculopathyThe utilization review

determination being challenged is dated 11/25/14. The rationale follows: 1) MRI thoracic spine: "... there is no information describing so-called red flag diagnoses of the thoracic spine indicating the medical necessity for advanced imaging... there is no documentation describing unequivocal objective findings describing specific nerve compromise on a neurological examination..." 2) MRI lumbar spine: "... there is no information describing so-called red flag diagnoses of the lumbar spine indicating the medical necessity for advanced imaging... there is no documentation describing unequivocal objective findings describing specific nerve compromise on a neurological examination..." Treatment reports were provided from 07/16/14 to 07/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Retrospective) MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRI.

Decision rationale: The patient presents with mid back pain rated 7/10 aggravated by prolonged positioning, and low back pain rated 7/10 with associated spasms. Patient also complains of numbness and tingling to the bilateral lower extremities. Patient is status post unspecified workplace injury with gradual worsening of symptoms over 2 months. Patient has no surgical history directed at this complaint. The request is for (retrospective) MRI of the lumbar spine. Physical examination 07/22/14 reveals listing to the left side, palpable tenderness to bilateral lumbar paraspinal muscles and over the quadratus lumborum, tenderness to palpation at both sciatic notches, right more than left. Lumbar neurological assessment notes decreased motor strength bilaterally, slightly decreased sensation at the L5 and S1 dermatomes bilaterally. The patient is currently prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol. Diagnostic imaging included thoracic MRI dated 01/17/14, denial letter references lumbar MRI dated 01/17/14, not included with the report. Patient's current work status is not specified in the reports provided. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) states: "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, 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/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In regards for the request of a retrospective approval of MRI of the lumbar spine, the provided documentation does not provide evidence that the advanced imaging was originally warranted. Records provided do not cover the time period prior to the imaging, which took place on 01/17/14, and cover only the period from 07/16/14 to 07/22/14. Examination findings in these reports do not explicitly describe unequivocal findings of radiculopathy such as radiating pain, nor do they provide mention of positive straight leg test findings. Additionally there is no evidence in the reports provided that the patient failed to

improve following one month of conservative therapy, or of worsening neurological deficit. Therefore, this request is not medically necessary.

(Retrospective) MRI of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back- Lumbar and Thoracic (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRI.

Decision rationale: The patient presents with mid back pain rated 7/10 aggravated by prolonged positioning, and low back pain rated 7/10 with associated spasms. Patient also complains of numbness and tingling to the bilateral lower extremities. Patient is status post unspecified workplace injury with gradual worsening of symptoms over 2 months. Patient has no surgical history directed at this complaint. The request is for (retrospective) MRI of the thoracic spine. Physical examination 07/22/14 revealed tenderness to palpation to the bilateral rhomboids, and proximal, middle, and distal trapezius muscles with spasms noted. Thoracic neurological exam notes normal function at the associated dermatomes. The patient is currently prescribed Deprizine, Dicopanol, Fanatrex, Synapryn, Tabradol. Diagnostic imaging included thoracic MRI dated 01/17/14, denial letter references thoracic MRI dated 01/17/14, not included with the report. Patient's current work status is not specified in the reports provided. ODG Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) states: "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, 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/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation)." In regards for the request of a retrospective approval of MRI of the thoracic spine, the provided documentation does not provide evidence that the advanced imaging was originally warranted. Records provided do not cover the time period prior to the imaging, which took place on 01/17/14, and cover only the period from 07/16/14 to 07/22/14. Examination findings in these reports do not explicitly describe unequivocal findings of radiculopathy such as radiating pain to the associated thoracic dermatomes. The only neurological examination pertinent to the thoracic spine finds normal neurological function at all thoracic dermatomes, and the MRI performed 01/17/14 shows unremarkable findings. Additionally there is no evidence in the reports provided that the patient failed to improve following one month of conservative therapy, or of worsening neurological deficit. Therefore, this request is not medically necessary.