

Case Number:	CM15-0019281		
Date Assigned:	02/09/2015	Date of Injury:	02/19/2014
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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 & Rehabilitation

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 22 year old male, who sustained an industrial injury on 02/19/2014. He has reported subsequent back pain and was diagnosed with thoracic strain/sprain, spasm of muscle and non-allopathic lesions of thoracic spine. Treatment to date has included oral pain medication and physical therapy. In a progress note dated 10/15/2014, the injured worker complained of continued and worsening back pain that was rated as 10/10. Objective physical examination findings were notable for decreased flexion, extension, decreased lateral bending of the thoracic spine with spinous process tenderness and paraspinal muscle tenderness and spinous process tenderness of the lumbar spine with paraspinal muscle tenderness. A request for authorization of MRI of the thoracic and lumbar spine was made due to continuing mid-lower thoracic and lumbar spine despite medications, physical therapy and rest. On 01/22/2015, Utilization Review non-certified a request for MRI of the thoracic and lumbar spine, noting that there was no documentation of supportive subjective/objective findings for which an MRI is indicated. MTUS and ODG guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304 and Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI

Decision rationale: This patient presents with continued thoracic spine pain and muscle spasms. The current request is for MRI of the thoracic and lumbar spine. The treating physician states that an MRI of the thoracic and lumbar spine is being requested as the patient continues with pain for 11 months and has left-sided sciatica. It was noted that the patient was previously approved for MRIs, but the patient canceled. ACOEM Guidelines state, "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 as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery." The ODG Guidelines support MRIs for signs and symptoms of neurological findings in chronic pain conditions. For uncomplicated low back pain, ODG requires documentation of radiculopathy, not responding to conservative care, prior surgery or cauda equina. This patient has a date of injury of 02/19/2014. Examination of the thoracic spine revealed decreased range of motion and spinous process tenderness. Examination of the lumbar spine revealed tenderness on palpation and tight muscle band noted. There is no indication of neurological deficit to warrant an MRI. The patient underwent an x-ray of the thoracic spine on 05/23/2014 which revealed "normal appearance." ODG allows for an MRI only when significant neurological deficit is suspected. Given the lack of clinical evidence, this request is not medically necessary.