

Case Number:	CM15-0116642		
Date Assigned:	06/25/2015	Date of Injury:	10/17/2008
Decision Date:	07/23/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/17/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53 year old male with an October 17, 2008 date of injury. A progress note dated April 20, 2015 documents subjective complaints (ongoing lower back pain with radiation of numbness, tingling and cramping pain to the bilateral lower extremities extending down to the toes; radiation of aching pain which extends between the shoulder blades; back pain rated at a level of 8/10; aching and stabbing pain in the upper back radiating down to the lower ribs rated at a level of 6/10), objective findings (decreased but symmetric reflexes of the bilateral Achilles and quadriceps; positive straight leg raise on the right; decreased sensation to light touch at L4 and L5 dermatomes; severely antalgic gait, assisted by a single point cane; hypertonicity of the bilateral thoracic and lumbar paraspinals; tenderness to palpation of the thoracic midline, lumbar midline, and bilateral paraspinals; range of motion of the thoracic and lumbar spine limited by pain; positive facet loading; decreased strength of the bilateral hip flexors, bilateral knee flexors, and bilateral knee extensors), and current diagnoses (lumbar radiculopathy; lumbar degenerative disc disease; lumbar herniated nucleus pulposus; lumbar facet arthropathy). Treatments to date have included medications, chiropractic treatments which helped for a few hours, acupuncture with mild pain relief, physical therapy with mild pain relief, aqua therapy with mild pain relief, transforaminal epidural steroid injection of the lumbosacral spine which provided 10% pain relief for approximately one month, magnetic resonance imaging of the thoracic spine on May 9, 2012 that showed degenerative disc disease with focal protrusions without canal stenosis or neural foraminal narrowing, and electromyogram of the bilateral lower extremities on April 24, 2014 that showed evidence of bilateral S1 radiculopathy. The medical record indicates that

medications help control the pain. The treating physician documented a plan of care that included a repeat magnetic resonance imaging of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat MRI of the 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, Neck and Upper Back, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: According to the ACOEM guidelines, an MRI of the thoracic spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. In this case, the claimant had known radiculopathy, herniated nucleus pulposus and facet arthropathy. The basis of the MRI was not for a potential intervention. The request for another MRI of the thoracic spine is not medically necessary.