

Case Number:	CM15-0122957		
Date Assigned:	07/07/2015	Date of Injury:	10/02/2013
Decision Date:	07/31/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/25/2015

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: Preventive Medicine, Occupational Medicine

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 40-year-old male who sustained an industrial /work injury on 10/2/13. He reported an initial complaint of lumbar pain. The injured worker was diagnosed as having thoracic spine arthralgia and lumbago. Treatment to date includes medication and diagnostics. MRI results was reported on 3/26/15 of the lumbar spine and revealed multilevel schmorls nodules centered around T12 and L1, preserved disc height, no spinal stenosis, no acute vertebrae fractures. Currently, the injured worker complained of lumbar pain rated 3/10 without radiating pain through both legs, but tingling in both feet. Thoracic pain is rated 5-6/10 with stiffness, spasms, and tenderness. Per the reevaluation on 6/9/15, back exam reveals pain with range of motion, paraspinal spasm in thoracic region, tenderness in the thoracic and lumbar areas, normal sensation and strength. There was also stomach pain and black stools due to NSAID use and they were stopped with referral to primary physician. The requested treatments include MRI of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-303. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3481099/>.

Decision rationale: MTUS Guidelines support the use of MRI studies if there are persistent neurological deficits or if necessary for possible procedural planning. This individual meets the criteria for possible procedural planning. The prior lumbar MRI revealed several Schmorls nodes in the lumbar region. When present, these are generally concentrated in the lower lumbar region and can be a cause of chronic low back pain. Treatment can include procedural interventions. Given the lumbar MRI findings further evaluation of the thoracic spine is consistent with Guidelines and is medically necessary.