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| Case Number: | CM15-0170726 | | |
| Date Assigned: | 09/11/2015 | Date of Injury: | 05/19/2014 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 08/17/2015 |
| Priority: | Standard | Application Received: | 08/31/2015 |

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: Texas, 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 42 year old male sustained an industrial injury to the left shoulder, right knee and back on 6-19-14. Magnetic resonance imaging lumbar spine (6-12-14) showed upper lumbar spine degenerative disc disease with posterior disc bulges and annular tears at L1-L3 which had undergone little change since 2010. No new spinal canal or foraminal stenosis had developed. Previous treatment included physical therapy, acupuncture, chiropractic therapy, injections, transcutaneous electrical nerve stimulator unit and medications. In a PR-2 dated 8-11-15, the injured worker presented due to an increase in his usual back pain. The injured worker complained of right low back pain, rated 9 out of 10 on the visual analog scale without medications and 7 out of 10 with medications. Physical exam was remarkable for thoracic spine with tenderness to palpation, hypertonicity and spasms to the paraspinal musculature bilaterally, lumbar spine with tenderness to palpation, hypertonicity, spasm and tight muscle band to the paraspinal musculature bilaterally with positive left facet loading and positive trigger points bilaterally. Lumbar spine range of motion was restricted with flexion limited to 45 degrees and extension limited to 10 degrees. The treatment plan included continuing Norco and Celebrex, a trial of Flexeril, requesting authorization for a heating pad and appealing requests for medial branch blocks at left L3-S1, magnetic resonance imaging thoracic spine and x-ray of the thoracic spine. On 8-17-15, Utilization Review noncertified a request for magnetic resonance imaging thoracic spine noting lack of red flags or neurologic changes to warrant magnetic resonance imaging. Utilization Review approved a request for thoracic x-ray as a baseline study due to reported lack of improvement with conservative care. The patient had received an unspecified number of chiropractic and PT visits for this injury. Patient had received acupuncture sessions for this injury. The patient had used a TENS unit for

this injury. The patient's surgical history includes right knee meniscectomy in 2010.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back (updated 06/25/15) Magnetic resonance imaging (MRI).

Decision rationale: Per the ACOEM chapter 8 guidelines cited below "For most patients presenting with true neck or upper back problems, special studies are not needed unless a three- or four-week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red-flag conditions are ruled out". Per the ACOEM chapter 8 guidelines cited below recommend "MRI or CT to evaluate red-flag diagnoses as above, MRI or CT to validate diagnosis of nerve root compromise, based on clear history and physical examination findings, in preparation for invasive procedure. If no improvement after 1 month bone scans if tumor or infection possible, not recommended: Imaging before 4 to 6 weeks in absence of red flags". Patient does not have any severe or progressive neurological deficits that are specified in the records provided. Significant functional deficits on neurological examination that would require MRI of the Thoracic Spine were not specified in the records provided. Findings suggestive of tumor, infection, fracture, neurocompression, or other red flags were not specified in the records provided. A report of a recent thoracic spine plain radiograph was also not specified in the records provided. Patient has received an unspecified number of chiropractic and PT visits for this injury. Previous chiropractic and PT visit notes were not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. A plan for an invasive procedure of the cervical spine was not specified in the records provided. The request for MRI of the Thoracic Spine is not fully established for this patient and therefore is not medically necessary.