MAXIMUS Federal Services

Case Number:	CM15-0171579		
Date Assigned:	09/11/2015	Date of Injury:	03/23/2015
Decision Date:	10/19/2015	UR Denial Date:	08/05/2015
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: 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:

This 58 year old man sustained an industrial injury on 3-23-2015. The mechanism of injury is not detailed. Evaluations include undated thoracic spine x-rays, right knee x-rays, lumbar spine MRI dated 7-21-2015, and knee MRI dated 7-21-2015. Diagnoses include lumbar disc herniation, lateral and medial meniscus tears, closed fracture of the knee, low back contusion, and thoracic spine sprain-strain. Treatment has included oral medications. Physician notes on a PR-2 dated 7-27-2015 show complaints of intermittent right knee pain with associated weakness and unchanged back pain with radiation to the bilateral lower extremities with numbness and tingling that is improved with Motrin. The physical examination shows an abnormal gait. No weakness of the bilateral lower extremities, thoracolumbar spine and paravertebral musculature spasms, range of motion restricted in the back, left knee range of motion is normal, right knee medial and lateral joint line tenderness, and decreased range of motion to the right knee. Recommendations include thoracic spine MRI, orthopedic spine consultation, crutches, Medrol dose pack, physical therapy (worker declined), and work restriction adjustment.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, MRI (magnetic resonance imaging).

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 and Thoracic Chapter, under MRI's.

Decision rationale: The patient presents with right knee and back pain. The request is for MRI of the thoracic spine without contrast. The request for authorization is not provided. MRI of the lumbar spine, 07/21/15, shows impingement potential is substantial at L5-S1 where there is moderate left and sever right-sided foraminal narrowing due to disc height reduction, 8 mm spondylolisthesis and bilateral spondylolysis. Physical examination reveals there is no weakness of the lower extremities. There are spasms and tenderness of the thoracolumbar spine and paravertebral musculature. Patrick Fabere test for pathology of the sacroiliac joint is negative. Range of motion of the back is restricted. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test is negative. Patient's medication includes Nabumetone. Per progress report dated 07/27/15, the patient is returned to work with restrictions. ODG, Low Back Lumbar and Thoracic Chapter, MRI's, 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)." Treater does not discuss the request. Review of provided medical records do not show that the patient has had a prior MRI of the Thoracic Spine. Physical examination reveals there is no weakness of the lower extremities. There are spasms and tenderness of the thoracolumbar spine and paravertebral musculature. Patrick Fabere test for pathology of the sacroiliac joint is negative. Range of motion of the back is restricted. Sensation is intact to light touch and pinprick in all dermatomes of the bilateral lower extremities. The straight leg raising test is negative. In this case, there are no signs of neurologic deficit. ODG requires neurologic signs and symptoms for an MRI. The patient does not present with any red flags, significant exam findings demonstrating neurologic deficit to consider an MRI. Therefore, the request is not medically necessary.