

Case Number:	CM15-0175439		
Date Assigned:	10/08/2015	Date of Injury:	05/30/2006
Decision Date:	11/23/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 77 year old male who sustained an industrial injury on 5-30-06. A review of the medical records indicates he is undergoing treatment for chronic pain syndrome, chronic discogenic pain syndrome, and secondary myofascial syndrome. Medical records (5-7-15 to 7-6-15) indicate ongoing complaints of mid back pain. He rates his pain "5-6". He has also complained of low back pain "3", neck pain "5", and right thoracic pain "5", as well as difficulty in sleeping. The physical exam (7-6-15) reveals "trigger points noted in the rhomboid group". "Myofascial" restrictions are noted in the bilateral rhomboid group. No spasm is noted of the lumbar spine and the straight leg raise test is negative bilaterally. Treatment has included Toradol injections, trigger point injections, and medications. His medications include Tramadol, Tylenol, Gabapentin, Methocarbamol, Celebrex, Clopidogrel, Atorvastatin, and Pantoprazole. The treatment recommendations include a repeat MRI of the thoracic spine. The utilization review (8-4-15) indicates denial of the request for the thoracic MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Thoracic Spine #1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Magnetic resonance imaging (MRI).

Decision rationale: Per the ODG guidelines with regard to MRI of the lumbar spine: Not recommended except for indications list below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. 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). (Anderson, 2000) (ACR, 2002) See also ACR Appropriateness Criteria. MRI imaging studies are valuable when physiologic evidence indicates tissue insult or nerve impairment or potentially serious conditions are suspected like tumor, infection, and fracture, or for clarification of anatomy prior to surgery. MRI is the test of choice for patients who have had prior back surgery. (Bigos, 1999) (Bey, 1998) (Volle, 2001) (Singh, 2001) (Colorado, 2001) For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. If there is a contraindication to the magnetic resonance examination such as a cardiac pacemaker or severe claustrophobia, computed tomography myelography, preferably using spiral technology and multiplanar reconstruction is recommended. (Daffner, 2000) (Bono, 2007) Indications for imaging -- MRI (magnetic resonance imaging): Chronic neck pain (= after 3 months conservative treatment), radiographs normal, neurologic signs or symptoms present- Neck pain with radiculopathy if severe or progressive neurologic deficit, Chronic neck pain, radiographs show spondylosis, neurologic signs or symptoms present, Chronic neck pain, radiographs show old trauma, neurologic signs or symptoms present, Chronic neck pain, radiographs show bone or disc margin destruction, Suspected cervical spine trauma, neck pain, clinical findings suggest ligamentous injury (sprain), radiographs and/or CT "normal", Known cervical spine trauma: equivocal or positive plain films with neurological deficit, Upper back/thoracic spine trauma with neurological deficit. Per the medical records submitted for review, the injured worker has undergone several thoracic spine MRI's dated 7/23/10, 10/11/12, and 8/30/13. The latest revealed no significant interval changes when compared to the prior study. There was a broad-based posterior disc bulge seen at T10-T11, which contacts the ventral aspect of the thoracic spinal cord, it does not result in significant central or neuroforaminal narrowing. There is chondrocalcinosis at T10-T11 consistent with changes of degenerative disc disease. The documentation submitted for review does not contain positive physical examination findings regarding the thoracic spine or indication of subjective complaints of pain to the thoracic spine noted for review that would support the role of a repeat MRI. There are no documented motor, sensory or functional deficits, or aforementioned indication. The provider is not considering invasive treatment options. Without evidence of acute change in injured worker's clinical symptoms or positive physical examination findings, an MRI is not supported. The request is not medically necessary.

