

Case Number:	CM15-0178682		
Date Assigned:	09/21/2015	Date of Injury:	08/31/2011
Decision Date:	10/26/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/10/2015

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 38 year old male who sustained an industrial injury on 8-31-11. He is currently working Diagnoses included lumbosacral spondylosis; lumbar disc displacement without myelopathy; post-laminectomy lumbar syndrome; long term use of medications. He currently (7-24-15) complains of persistent low back pain; ongoing pain into the right lower extremity that extends to the calf and heel. His pain level is 5 out of 10 with medication and 7-8 out of 10 without medication. Medication allows him to continue working. The physical exam revealed spasm and guarding in the lumbar spine. The 5-4-15 to 6-24-15 notes indicate significant muscle spasm around the right T10 paraspinal muscle. Per the 6-26-15 progress note the injured worker's back pain continues to be reduced by 40% and is no longer experiencing numbness of the right lower extremity. Diagnostic include MRI of the lumbar spine (3-2-15) showing post-surgical changes, disc bulge and protrusion. Treatments to date included surgical consult (7-2-15) and injured worker declined spinal fusion; medications: Norco, Protonix, gabapentin; lumbar spine surgery (2-26-13); lumbar epidural steroid injection (5-12-15); transcutaneous electrical nerve stimulator unit; psychological evaluation indicating no need for psychological sessions. In the progress note dated 7-24-15 the treating provider's plan of care included a request for MRI of the thoracic spine to evaluate spinal canal patency. The request for authorization dated 7-31-15 indicated MRI of the thoracic spine. On 8-6-15 utilization review evaluated and non-certified the request for an MRI of the thoracic spine based on no neurological deficits found on physical exam 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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, MRIs (magnetic resonance imaging).

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Per the MTUS Guidelines, if physiologic evidence indicates tissue insult or nerve impairment, an MRI may be necessary. In this case, there was no objective evidence of nerve impairment or tissue insult on physical examination. Other criteria for special studies are not met, such as emergence of a red flag, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. There appears to be a request for a spinal cord simulator but there is no indication that request has been approved. The request for MRI of the thoracic spine is determined to not be medically necessary.