

Case Number:	CM15-0021680		
Date Assigned:	02/11/2015	Date of Injury:	12/20/2010
Decision Date:	05/29/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/05/2015

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:

The injured worker is a 41 year old male, who sustained an industrial injury on 12/20/2010. The initial complaints or symptoms included neck and back pain/injury after falling off the deck of a concrete truck. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, conservative therapies, injections, and cervical fusion (08/28/2014). Currently, the injured worker complains of increased thoracic and lumbar pain, and some continued soreness in the neck. The injured worker did report improvement in neck and arm symptoms since his cervical fusion surgery. The diagnoses include cervical spinal cord decompression (C3-4 and C5-6), non-surgical retrolisthesis, bilateral carpal tunnel syndrome, lumbar degenerative disc disease, rule out thoracic disc disease, knee and shoulder arthropathy, cervical tension headaches, anxiety and depression. The treatment plan consisted of MRI of the thoracic spine and MRI of the lumbar 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: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): s 177-178. Decision based on Non-MTUS Citation Official disability guidelines, Low back chapter, MRI.

Decision rationale: The patient was injured on 12/20/10 and presents with thoracic and lumbar spine pain. The request is for a MRI OF THE THORACIC SPINE. The RFA is dated 01/23/15 and the patient is unable to work. Review of the reports provided does not indicate if the patient had a prior MRI of the thoracic spine. ACOEM Guidelines page 177 and 178 has the following criteria for ordering imaging: "Emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction; failing to progress strengthening program intended to avoid surgery; and clarification of anatomy prior to an invasive procedure." The ODG Guidelines under the low back and thoracic chapter has the following regarding MRIs, "Recommended for indications below. MRIs are test of choice for patients with prior back surgery, but for uncomplicated low back pain with radiculopathy, not recommended until at least 1 month conservative therapy, sooner if there is severe or progressive neurological deficit." The patient is diagnosed with cervical spinal cord decompression (C3-4 and C5-6), non-surgical retrolisthesis, bilateral carpal tunnel syndrome, lumbar degenerative disc disease, rule out thoracic disc disease, knee and shoulder arthropathy, cervical tension headaches, anxiety, and depression. The patient has parathoracic tenderness from T5 to T7. However, the treater has not documented thoracic spine trauma nor discussed neurologic deficits as indicated by ODG. Subjective pain does not warrant MRI, though it does not appear the patient has had MRI of the thoracic spine done previously. In this case, the patient does not present with any radicular symptoms, no red flags, or neurologic deficits to warrant an MRI. Therefore, the requested MRI of the thoracic spine IS NOT medically necessary.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines, Low back chapter, MRI.

Decision rationale: The patient was injured on 12/20/10 and presents with thoracic and lumbar spine pain. The request is for a MRI OF THE LUMBAR SPINE. The RFA is dated 01/23/15 and the patient is unable to work. He had a prior MRI of the lumbar spine on 02/22/12 which revealed a moderate diffuse disk bulge with tiny superimposed right paracentral disk effusion L3-4 and posterior central annular tear at L4-5. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in patients who did not respond well to re-treatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topic states that "MRIs are test of choice for patients with prior back surgery, but

for uncomplicated low back pain with radiculopathy, not recommended until at least one month of conservative care, sooner if severe or progressive neurologic deficit. The patient is diagnosed with cervical spinal cord decompression (C3-4 and C5-6), non-surgical retrolisthesis, bilateral carpal tunnel syndrome, lumbar degenerative disc disease, rule out thoracic disc disease, knee and shoulder arthropathy, cervical tension headaches, anxiety, and depression. He has a positive Tinel's and a positive forced flexion bilaterally, severe tenderness in the right elbow region. He has paralumbar tenderness from L2 to L5-S1. The patient presents with pain that is localized to low back without any radicular symptoms. The patient already had a MRI of the lumbar spine conducted on 02/22/12. Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. In this case, there are no new injuries, no significant change on examination findings, no bowel/bladder symptoms, or new location of symptoms that would require additional investigation. Therefore, the requested repeat MRI of the lumbar spine IS NOT medically necessary.