MAXIMUS Federal Services

| Case Number: | CM15-0063973 | | |
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| Date Assigned: | 04/09/2015 | Date of Injury: | 08/19/2010 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 03/06/2015 |
| Priority: | Standard | Application Received: | 04/03/2015 |

## 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, Hawaii
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 53 year old female, who sustained an industrial injury on August 19, 2010. She reported cumulative trauma injuries sustained from continuing trauma. The injured worker was diagnosed as having lumbar spine sprain/strain, herniated disc per MRI, anxiety and distress, and lumbar spine degenerative disc disease with radicular complaints. Treatment to date has included aquatic therapy, acupuncture, physical therapy, electromyography (EMG)/nerve conduction velocity (NCV), lumbar epidural injections, chiropractic treatments, and medication. Currently, the injured worker complains of worsened low back pain that travels down the sides of her legs, with difficulty walking, pain in hips, right foot pain and cramping, difficulty sleeping, and depression. The Treating Physician's report dated February 9, 2015, noted the injured worker's current medications as Wellbutrin, Prozac, Xanax, Zanaflex, Trazadone, Progesterone, Percocet, Morphine Sulfate ER, Neurontin, Vivelle-Dot patch, Abilify, and Laxacin. Physical examination was noted to show an increase pain level at the thoracolumbar area, substantial pain to localized pressure, with limited range of motion (ROM) with pain radiating to both sciatic areas. The treatment plan included a request for an updated MRI of the thoraco-lumbar spine due to persistent increased pain and limited range of motion (ROM).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI Thoracic spine contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic - MRIs (magnetic resonance imaging).

**Decision rationale:** The patient presents with cumulative trauma injuries affecting the spine. The current request is for MRI Thoracic spine with contrast. The treating physician states, in a report dated 02/10/15, "Await authorization for an MRI of tile thoracolumbar spine as requested by [redacted]." (53B) The MTUS guidelines are silent on MRIs. The ODG guidelines state, "MRIs 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. Lumbar/Thoracic spine trauma: trauma, neurological deficit." In this case, the treating physician has documented "Chronic lumbosacral sprain/strain with multilevel disc degeneration and evidence of L4-L5 annular tear and positive discogram at L4-L5, Bilateral LS radiculopathy per EMG/NCV, currently asymptomatic, and Chronic low back pain with bilateral sacroiliac joint dysfunction." No prior back surgery was noted in the records available for review. However, the treating physician has not documented any recent trauma of the thoracic spine, there are no objective findings suggesting any red flags (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation) and there is nothing in the report suggesting neurological deficit. The current request is not medically necessary and the recommendation is for denial.

**MRI Thoracic spine without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back - Lumbar & Thoracic - MRIs (magnetic resonance imaging).

**Decision rationale:** The patient presents with cumulative trauma injuries sustained from continuing trauma. The current request is for MRI Thoracic spine without contrast. The treating physician states, in a report dated 02/10/15, "Await authorization for an MRI of tile thoracolumbar spine as requested by [redacted]." (53B) The MTUS guidelines are silent on MRIs. The ODG guidelines state, "MRIs 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. Lumbar/Thoracic spine trauma: trauma, neurological deficit." In this case, the treating physician has documented

"Chronic lumbosacral sprain/strain with multilevel disc degeneration and evidence of L4-L5 annular tear and positive discogram at L4-L5, Bilateral LS radiculopathy per EMG/NCV, currently asymptomatic, and Chronic low back pain with bilateral sacroiliac joint dysfunction." No prior back surgery was noted in the records available for review. However, the treating physician has not documented any recent trauma of the thoracic spine, there are no objective findings suggesting any red flags (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation) and there is nothing in the report suggesting neurological deficit. The current request is not medically necessary and the recommendation is for denial.