

Case Number:	CM15-0070520		
Date Assigned:	04/20/2015	Date of Injury:	06/07/2013
Decision Date:	07/17/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/14/2015

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: Family Practice

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 29-year-old male, who sustained an industrial injury on 6/7/2013. He reported lifting mirrors and hearing a pop; he felt sharp pain in his low back. Diagnoses have included lumbar sprain/strain, unspecified thoracic/lumbar neuritis and displaced lumbar intervertebral disc. Treatment to date has included physical therapy, facet blocks and medication. According to the progress report dated 3/5/2015, the injured worker complained of pain in the center of the low back and both hips. The pain was described as sharp and was not relieved by Dilaudid or other therapy. The pain was rated 6-7/10 and constant, occasionally going up to 8- 9/10. Physical exam revealed abnormally brisk reflexes with spreading in the lower extremities. There was severe guarding in the hip flexors on the left. The physician noted that the brisk reflexes might be a manifestation of the chronic, severe pain, not of myelopathy. Magnetic resonance imaging (MRI) showed L4-5 congenital disc dysplasia and L5-S1 disc herniation with osteophytes, complicated by facet arthropathy at both levels. The physician plan was for L4-5 and L5-S1 interbody grafting and internal fusion. The injured worker was temporarily totally disabled. Authorization was requested for a closed unit, thoracic spine magnetic resonance imaging (MRI) without contrast.

IMR ISSUES, DECISIONS AND RATIONALES

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

Closed Unit MRI (magnetic resonance imaging) of Thoracic Spine without contrast 72146:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) - MRIs (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) Chapter: Low Back Complaints Section: MRIs/Low Back and Thoracic.

Decision rationale: The MTUS/ACOEM Guidelines do not comment on the evaluation of thoracic spine complaints. However, the Official Disability Guidelines do describe the indications for imaging the thoracic spine. The indications for magnetic resonance imaging of the thoracic spine are as follows: Thoracic spine trauma: with neurological deficit. In this case, there is strong evidence that the patient's pain syndrome is directly related to well-defined pathology in the lumbar spine. There is no documentation in the medical records that the patient has had trauma to the thoracic spine. There are no findings on the patient's history or physical examination that the patient has a pathologic process contributing to his pain syndrome that involves the thoracic spine. The neurologic examination at the last documented visit does not demonstrate any findings that pertain to the thoracic spine. For these reasons, a closed unit MRI of the thoracic spine without contrast is not considered as a medically necessary test.