

<b>Case Number:</b>	CM14-0140699		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	12/06/2001
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 38 year old male with date of injury 12/6/01. The treating physician report dated 8/6/14 indicates that the patient presents with "lots of pain". The treating physician notes that he is "sticking with intrathecal dilaudid and programmed a 30% increase in the simple continuous dosing." The physical examination findings reveal normal paravertebral muscle tone and incision for the pump shows a scab with no drainage at the inferior portion of the incision. The current diagnoses are: 1. Restless leg syndrome 2. Chronic pain syndrome 3. postlaminectomy syndrome of lumbar region 4. Thoracic pain 5. Neuralgia, neuritis and radiculitis non specified The utilization review report dated 8/28/14 denied the request for thoracic and lumbar MRI based on lack of clinical presentation of neurological deficit or red flags.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of Thoracic Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

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

**Decision rationale:** The patient presents with chronic lower back pain. The current request is for MRI of the thoracic spine. The treating physician report dated 8/6/14 states, "In his original injury he hurt the thoracic area, but never had surgery for that. He does not remember the last MRI of his back but knows that it was not recent." The treating physician does not specifically request a thoracic or lumbar MRI. The ODG guidelines state that thoracic spine MRI is indicated for trauma with neurological deficit. The treating physician has not documented any recent trauma of the thoracic spine, there are no objective findings suggesting any red flags (e.g. tumor, infection, fracture, neurocompression, recurrent disc herniation) and there is nothing in the report suggesting neurological deficit. The only discussion regarding MRI is that the patient states that there has been no recent MRIs performed. There is no clinical documentation indicating that the criteria set forth in the ODG guidelines has been met substantiating the need for thoracic MRI. The request is not medically necessary.

**MRI of Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 53. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRIs (magnetic resonance imaging)

**Decision rationale:** The patient presents with chronic lower back pain. The current request is for MRI of the lumbar spine. The treating physician report dated 8/6/14 states, "In his original injury he hurt the thoracic area, but never had surgery for that. He does not remember the last MRI of his back but knows that it was not recent." The treating physician does not specifically request a thoracic or lumbar MRI but does state that the patient has a new pain in the right low back area with "lots of pain". The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter indicates MRI scans for patients with radiculopathy, suspicion of cancer, infection and other red flags. The treater in this case has not presented any evidence of any progressive neurological deficit or red flags. There are only reports of "lots of pain" and the 8/6/14 report states that the patient denies joint or muscle pain and denies localized numbness, weakness or tingling. There is nothing in the reports provided to indicate that the patient warrants a lumbar MRI per ODG Guidelines. The treater does not mention whether or not the patient has had post-operative MRI's. There is no mention of leg symptoms. There are no current neurologic deficits, no red flags. The request is not medically necessary.