

Case Number:	CM14-0142173		
Date Assigned:	09/10/2014	Date of Injury:	04/28/2013
Decision Date:	10/16/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

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 Emergency Medicine, 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:

Patient with reported date of injury on 4/28/2013. No mechanism of injury is documented or provided for review. Patient has a diagnosis of lumbar disc herniation L5-S1, Lumbar radiculopathy, Sciatica, muscle spasms, degenerative disc disease L5-S1 and T11-T12 herniation. Patient is post micro-lumbar decompression at L5-S1 in 2010. Medical reports reviewed. Last report available until 9/11/14. Patient complains of low back pain with L leg numbness to foot. Also complains of intermittent low back spasms. Objective exam reveals decreased range of motion of lumbar spine with diffuse tenderness. Decreased sensation to L4, L5 and S1 dermatomes. Tenderness to L sciatic notch. Weakness of 4/5 to L tibialis anterior, EHL, and ankle inverters and everters. Positive straight leg raise and Lasegue's sign. There is not a single thoracic spine exam documented in any recent notes. All notes pertain to low back. Note from 8/21/14 notes that Thoracic MRI was "to determine if disc herniation at T11-T12 could be contributing to back pain." There is no mention of plan for surgery or any change in the pain. MRI of Lumbar spine(7/10/14) revealed L-S1 chronic central to L foraminal extrusion with severe L foraminal and lateral recess stenosis. No change from prior. Patient has undergone chiropractic, physical therapy, lumbar epidural steroid injections x2 and medications. EMG(8/11/14) revealed left S1 radiculopathy. Medications noted on record include Ultracet, Flexeril, Fenoprofen and Tramadol ER. Independent Medical Review is for MRI of Thoracic spine. Prior UR on 8/8/14 recommended non-certification of revision of micro-lumbar decompression at L L5-S1, chiropractic/physical therapy and MRI of thoracic spine. It approved a 6week followup.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines (2nd Edition, table 12-8) Imaging for the back and on the Official Disability Guidelines (ODG) Low Back, MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is not noted new neurologic dysfunction. Patient has noted S1 radiculopathy with concurrent MRI findings and all of his pain related to lower back and not to low thoracic/upper lumbar spine. MRI of Thoracic spine is not medically necessary.