

Case Number:	CM14-0144593		
Date Assigned:	09/12/2014	Date of Injury:	06/01/2014
Decision Date:	10/07/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/05/2014

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 61-year old male with an injury date of 06/01/14. Based on 06/17/14 progress report provided by [REDACTED] the patient complains of burning mid and lower back pain rated 8/10, which is not responding to medication. He is having moderate difficulties driving and performing his work duties. Physical examination to the back reveals scab lesions on an erythematous base to the mid thorax and 3 other isolated similar lesions on both the right and left paraspinal region in a non-dermatomal distribution. Spasm and tenderness present in paraspinal muscles. Decreased range of motion with moderate pain on forward flexion. Deep tendon reflexes are symmetrical. He does have mild-to-moderate guarding with ambulation. No root signs on physical examination. Per treater report dated 06/17/14, nonspecific thoracolumbar lesions pending lab to rule out atypical zoster. X-Ray Findings:- Thoracic Spine 08/18/14- Wedge compression fracture deformity involving the body of T10.- Mild compression fracture deformity involving the superior endplate of T12.- Multilevel spondylosisX-Ray: Chest 06/09/14- no active cardiopulmonary disease- mild dextrorotocoliosis of lower thoracic spineDiagnosis 06/17/14was lumbar spine strain with lumbar myospasms [REDACTED] is requesting Magnetic Resonance Imaging (MRI) of the Thoracic Spine without Contrast between 08/22/14 - 10/06/14. The utilization review determination being challenged is dated 08/26/14. The rationale is "no objective evidence of neurologic deficits and indications of red-flags to warrant an MRI at this juncture." [REDACTED] is the requesting provider, and he provided treatment reports from 06/09/14 - 08/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Magnetic Resonance Imaging (MRI) of The Thoracic Spine without Contrast between 8/22/2014 and 10/6/2014: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), ODG-TWC guidelines (http://www.odg-twc.com/odgtwc/low_back.htm#Protocols)

Decision rationale: Per ODG-TWC guidelines: "Indications for imaging - Magnetic resonance imaging: - Thoracic spine trauma: with neurologic deficit. - Lumbar spine trauma: with neurologic deficit." Patient does not present with root symptoms but has potential herpetic neuralgia. Ruling out thoracic disc herniation would appear reasonable as well, given the patient's persistent thoracic symptoms despite conservative care. Therefore, Magnetic Resonance Imaging (MRI) of The Thoracic Spine without Contrast between 8/22/2014 and 10/6/2014 is medically necessary.