Case Number:	CM14-0149877		
Date Assigned:	09/18/2014	**Date of Injury:**	05/20/1995
Decision Date:	10/21/2014	**UR Denial Date:**	09/13/2014
Priority:	Standard	**Application Received:**	09/15/2014

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 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 injured worker is as 51-year-old male who reported an injury on 05/20/1995 due to a fall. The injured worker has diagnoses of lumbar radiculopathy and low back pain. Past medical treatment consists of physical therapy, inversion table, epidural steroid injections, and medication therapy. Radiographic examination revealed some mild spondylosis at L5-S1 with some transitional anatomy. On 04/24/2014, the injured worker complained of low back and leg pain. Physical examination noted there was no tenderness to palpation over the spine posterior or over the sacroiliac joints. Straight line gait was normal. Hoffmann's was negative, Babinski was negative, and clonus was negative. There was no costovertebral tenderness. Range of motion of the thoracic spine revealed flexion of 90 degrees, extension of 40 degrees, and lateral bending of 30 degrees. Motor strength revealed 5/5 strength bilaterally. Sensation was intact to light touch bilaterally in the dermatomes of L2-S1. The treatment plan is for the injured worker to undergo an MRI of the thoracic spine. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (Magnetic Resonance Imaging) of the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The request for an MRI of the thoracic spine is not medically necessary. ACOEM Guidelines indicate that criteria for ordering imaging studies include the emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electro diagnostic studies, laboratory testing, or bone scans. The submitted documentation lacked any evidence of there being any emergence of red flags. There was also no physiologic evidence of tissue insult or neurologic dysfunction. Additionally, the included documentation failed to show evidence of significant neurologic deficits on physical examination. Furthermore, the documentation failed to show that the injured worker had tried and failed any adequate course of conservative treatment. In the absence of documentation showing the failure of initially recommended conservative care, including active therapies and neurologic deficits on physical exam, an MRI is not supported by the referenced guidelines. As such, the request is not medically necessary.