

Case Number:	CM14-0172888		
Date Assigned:	10/23/2014	Date of Injury:	11/28/2001
Decision Date:	11/25/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/20/2014

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 Internal 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:

The injured worker (IW) is a 55-year-old man with a date of injury of December 28, 2001. The mechanism of injury was not documented in the medical record. He had an L5-S1 fusion in 2006 and he subsequently has not been able to return to work. Pursuant to the new patient consultation note dated September 2, 2014, the IW was seen for complains of ongoing back pain. His pain is constant and described as sharp, shooting, and tight in the thoracic region of the back. He has pain in the left calf that is shooting, sharp, and tight as well. He has associated numbness, tingling, stiffness, weakness, spasms, and feelings of pins and needles. The pain at its worse is 10/10 and on average is 4/10 in severity. The pain is worse with leaning forward, standing, walking and straining. Lying flat and medications help the pain. Neurologically, the IW is experiencing dizziness, numbness, weakness, and loss of balance. Muscle tone does not reveal any asymmetries of bulk or tone. Muscle strength of right and left quadriceps is 5/5. Foot dorsiflexion is 5/5 on the right and left. Foot extension is 5/5 on the right and left. Extensor hallicis longus is 5/5 on the right and left. Conservative measures that have been tried and failed in the past include physical therapy 2 times a week for 6 weeks; massage therapy that helped a small amount, and chiropractic care. The IW had previous injections in 2014 which he had 50% to 70% pain relief. The back surgery that he had in 2006 did not help the pain. The goal of treatment is to decrease narcotic usage by 70% to 80% and increase the injured worker's quality of life.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Pain, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI thoracic spine is not medically necessary. The guidelines recommend CT or MRI when cauda equina, tumor, infection or fracture are strongly suspected in plain film x-rays are negative. MRI is the test of choice for patients with prior back surgery. The criteria for MRI are set forth in the low back chapter, MRI section of the Official Disability Guidelines. The thoracic spine indications are: thoracic spine trauma with neurologic deficit. In this case, there were no complaints at the thoracic spine level. There were no objective findings at the thoracic spine. There were no neurologic deficits relative to the thoracic spine. Overall, there were no subjective or objective findings at the thoracic spine level. Consequently, MRI thoracic spine is not medically necessary. Based on the clinical information in the medical record in the peer-reviewed evidence-based guidelines, MRI thoracic spine is not medically necessary.