

Case Number:	CM14-0000747		
Date Assigned:	01/29/2014	Date of Injury:	08/01/2008
Decision Date:	06/13/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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:

This is a 51-year-old woman who sustained a work-related injury on August 1, 2008. Subsequently, she developed chronic neck and back pain as well as wrist, shoulder and elbow pain. According to a note dated on August 28 2013, the patient was experiencing pain in her back, wrist, shoulder and elbow. She also reported weakness in her right hand. The patient had physical therapy with temporary relief and it decreased her wrist swelling. Her physical examination demonstrated cervical tenderness with limited range of motion, right wrist pain with reduced range of motion, and positive Tinel's and Phalen's signs. The patient was diagnosed with lumbosacral sprain, bilateral shoulder tendinitis, right wrist pain and bilateral knee internal derangement. The provider requested authorization for lumbar spine (LS) MRI and epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: Regarding the indications for imaging in case of back pain, the MTUS/ACOEM Guidelines stated: "Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. However, it may be appropriate when the physician believes it would aid in patient management. Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant, the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures". Furthermore, and according to the guidelines, an MRI is the test of choice for patients with prior back surgery, fracture or tumors that may require surgery. The patient does not have any clear evidence of aggravation of lumbar pain or any objective signs of lumbar radiculopathy. The patient does not have any history of back surgery, fracture or tumor. There is no clear justification for a lower back MRI. Therefore, the request for MRI of the lumbar spine is not medically necessary until more information about the indication of this MRI is provided.

A LUMBAR SPINE EPIDURAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs). Page(s): 45.

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

Decision rationale: According to the MTUS/ACOEM Guidelines, an epidural steroid injection is optional for radicular pain to avoid surgery. It may offer short term benefit; however there is no significant long-term benefit or reduction for the need of surgery. There is no recent clinical and objective documentation of lumbar radiculopathy. Furthermore, on the patient's physical examination, there is no documentation of signs of radiculopathy. The guidelines do not recommend epidural injections for back pain without radiculopathy.