MAXIMUS Federal Services

Case Number:	CM14-0117636		
Date Assigned:	09/16/2014	Date of Injury:	05/03/2007
Decision Date:	10/16/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/23/2014

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 & Rehabilitation & Pain Medicine, and is licensed to practice in California and Washington. 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 a 45-year-old female who reported an injury on 05/03/2007 due to an unknown mechanism. Diagnoses were facet arthropathy of right lumbar spine at L4-5 and L5-S1, myofascial pain syndrome with active triggers, and lumbago. Medications were Norco, naproxen, and Zanaflex. Past treatments were trigger point injections, physical therapy, yoga, and home exercise stretching program. Physical examination on 09/08/2014 revealed complaints of right sided low back pain with right lower extremity pain. The injured worker reported having increased spasms along the right lower back with pins and needles sensation in the right lower extremity into the foot. The injured worker reported her spasms have decreased with trigger point injections in the past. Pain was reported to be a 6/10. Examination revealed lumbar range of motion was decreased on all planes. Paravertebral muscle was tender to palpation over the lumbar musculature. There were isolated circumscribed trigger points over the right lumbar spine with elicited twitch response to buttocks and thoracolumbar musculature. There was lumbar facet loading positive at the L4-5, L5-S1 on the right. Straight leg raise was negative bilaterally at 60 degrees. Lower extremity muscle strength was 5/5 bilaterally. Sensation to light touch was normal. Deep tendon reflexes were swift and symmetric bilaterally. Treatment plan was for an MRI of the lumbar spine and an MRI of the thoracic spine. The rationale was not submitted. The Request for Authorization was submitted for review.

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: Upheld

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

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

Decision rationale: The request for MRI of the Thoracic Spine is not medically necessary. The California ACOEM states for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 or 4 week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computed tomography [CT] for bony structures). Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disc annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. The injured worker had a normal neurologic examination. There was no emergence of a red flag. There were no significant factors provided to justify an MRI of the thoracic spine. Therefore, request for MRI of Thoracic Spine is not medically necessary.

MRI of the Lumbar Spine: 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): 303-305.

Decision rationale: The request for MRI of the Lumbar Spine is not medically necessary. The California ACOEM states 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 disc 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, computed tomography [CT] for bony structures). Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Imaging studies should be reserved for

cases in which surgery is considered or red flag diagnoses are being evaluated. It was not reported that the injured worker was considering to have surgery. The neurologic examination was normal. There were "red flags" on physical examination. The clinical information submitted for review does not provide evidence to warrant an MRI of the lumbar spine. Therefore, request for MRI of Lumbar Spine is not medically necessary.