

Case Number:	CM14-0133342		
Date Assigned:	09/18/2014	Date of Injury:	06/18/2003
Decision Date:	11/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/20/2014

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 is a 68-year-old woman; date of injury June 18, 2003. The mechanism of injury was not documented in the medical records provided for review. The injured worker presents for evaluation on July 1, 2014 with complaints of continued low back pain status-post spinal cord stimulator (SCS) explant on May 29, 2014. She was initially prescribed Percocet for treatment of pain, but this caused a significant reaction, and it was discontinued. She has gone back to using Norco. Her most effective treatment for her neuropathic pain has been Dendracin Lotion. She continues to apply this frequently. The post-op pain is gradually improving. The injured worker also complains of right shoulder pain with numbness and tingling. She continues to be symptomatic with lower extremity shooting lancinating pain. She also complains of weakness in her lower extremities. The pain is aggravated with prolonged sitting, standing, walking, or performing activities involving the right upper extremities. She continues to experience symptoms of depression, anger, and anxiety. Her exam showed wide-based gait, low back pain, leg pain, and lumbar/thoracic spine showed spasms and tenderness. There was no significant abnormal neurological exam documented. There were no red flags documented. No treatment plans were provided. History of prior MRI testing was not documented. Previous treatments have included: Right rotator cuff repair in April 2004. She had revision surgery to the right shoulder in January 2005. She underwent lumbar epidural injections in 2005. She underwent laminectomy in 2005, followed by L3-L4 lumbar fusion in 2007. She is status-post lumbar fusion L3-S1 June 9, 2009 which eventually led to a successful spinal cord stimulator (SCS) implant in 2011; however, stimulator has caused more pain and aggravation of neuropathic system. Exam showed rigid gait, use of a cane, tender throughout the thoracolumbar spine, no motor deficits in the legs, although she has the feeling of weakness. She had the SCS removed on May 29, 2014. Current diagnosis documented as lumbar spine degenerative disc

disease. Current medications are: Norco 10/325mg 2 to 3 times a day for pain, Celebrex on a daily basis, Lyrica 100mg, Lexapro 10mg, Dendracin lotion, and Docusate sodium. Documentation indicates that the injured worker was approved for physical therapy 12 sessions on July 28, 2014. Documented plan includes the continuation of prescribed medications, psychiatric consultation and treatment for her depression due to chronic pain, and physical therapy that was recently approved.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Magnetic Resonance Imaging

Decision rationale: Pursuant to the Official Disability Guidelines, the MRI thoracic spine is not medically necessary. The Official Disability Guidelines state the indications for magnetic resonance imaging. The criteria for thoracic spine MRI: thoracic spine trauma with neurologic deficit. In this case, the injured worker had a spinal nerve stimulator removed May 29, 2014. The injured worker had complaints of increased low back pain. The thoracic spine was tender to palpation with spasms. There were no significant abnormal neurologic findings at the thoracic level. There were no red flags documented. There was no treatment plan and prior MRI results were not in the medical record. Based on the clinical documentation in the medical record in the peer-reviewed and evidence-based guidelines, the Magnetic Resonance Imaging (MRI) of the Thoracic Spine is not medically necessary.

Magnetic Resonance Imaging (MRI) of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Magnetic Resonance Imaging

Decision rationale: Pursuant to the Official Disability Guidelines, the MRI lumbar spine is not medically necessary. The ODG provides the criteria/indications for magnetic resonance imaging. This includes lumbar spine trauma, neurologic deficit; uncomplicated low back pain with suspicion of cancer infection or other red flags; and uncomplicated low back pain with radiculopathy after at least one month of conservative therapy, sooner if severe or progressive

neurologic deficit. In this case, the injured worker had a spinal nerve stimulator removed May 29, 2014. She had increase complaints of low back pain. The lumbar spine showed tenderness with spasm to palpation. There were no significant abnormal neurologic findings present. There were no red flags documented. There was no treatment plan. History of the prior MRI was not documented. Based on the clinical information in the medical record and the peer-reviewed and evidence-based guidelines, Magnetic Resonance Imaging (MRI) of the Lumbar Spine is not medically necessary.