

Case Number:	CM14-0094392		
Date Assigned:	09/10/2014	Date of Injury:	10/06/2010
Decision Date:	11/21/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/20/2014

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 Family Medicine and is licensed to practice in Ohio. 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 40 years old female with a date of injury of 10/6/2010. She felt a pop in her left wrist while packing cans and subsequently developed left arm, shoulder, left face, and low back pain radiating into the lower extremities. She has been diagnosed with left upper extremity chronic regional pain syndrome, left shoulder impingement syndrome, cephalgia, left hemi-hypoesthesia, and hypothyroidism. She has had acupuncture, physical therapy, and medication treatment. Her physical exam with regard to the low back reveals tenderness of the lumbar spinous processes and trigger point tenderness of the lumbar musculature, diminished sensation of the outer thighs bilaterally and the dorsum of the feet, and generally hyporeflexive deep tendon reflexes throughout. Straight leg raise testing could not be done as a result of generalized pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine Tesla 3.0 Anatomical Rating: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287 AND 303.

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, MRI

Decision rationale: Routine imaging for low back pain is not beneficial and may even be harmful, according to new guidelines from the American College of Physicians. Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. In this instance, it may be said that the injured worker has severe neurologic symptoms of the lower extremities and that she has not responded to conservative treatment (anti-inflammatories, anti-epilepsy drugs, opioids). She has been considered for stellate ganglion blocks and a spinal cord stimulator and thus it is assumed she may be considered a candidate for lumbar epidural steroid injection(s). Therefore, for MRI lumbar spine tesla 3.0 anatomical rating is medically necessary.