

Case Number:	CM14-0099170		
Date Assigned:	09/23/2014	Date of Injury:	04/13/2013
Decision Date:	10/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/27/2014

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 Pain Medicine and is licensed to practice in Minnesota. 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 58-year-old female with a reported date of injury on 04/13/2013. The mechanism of injury was not submitted within the medical records. Her diagnoses were noted to include chronic low back pain, rule out lumbar radiculopathy, mid back pain, left knee pain, and bilateral wrist numbness. Her previous treatments were noted to include chiropractic treatment, acupuncture, injections, and surgery. The injury reportedly occurred when the injured worker bent over to pick up a patient and when the patient stiffened pulled her down and caused her leg to get caught in the wheelchair. The injured worker indicated she felt like something snapped in her low back and took her breath away when she fell back and struck her right posterior mid back on a nightstand. Her diagnoses were noted to include herniated nucleus pulposus of the lumbar spine, lumbar radiculopathy, and herniated nucleus pulposus of the thoracic spine. Her previous treatments were noted to include chiropractic treatment, and medication. The progress note dated 04/14/2014 revealed complaints of increased pain after chiropractic treatment. The injured worker indicated medications had helped with her pain that allowed for an increased level of function with no side effects. The injured worker complained of ongoing low back pain and symptoms that extended into her left leg rated 8/10. The physical examination of the lumbar spine revealed tenderness to palpation that extended into the bilateral paraspinal region. The range of motion to the lumbar spine was diminished and the motor strength examination was diminished at 4+/5. The provider indicated the injured worker had hyperreflexic patellar and Achilles reflexes bilaterally. There was a positive Hoffmann's test bilaterally and a positive straight leg raise on the left. The injured worker had a positive Slump test bilaterally and a limited range of motion to the knee. The provider indicated the injured worker reviewed all of her options including chiropractic treatment, acupuncture, injections and surgery and the provider indicated she had failed conservative treatment. The progress note dated 04/21/2014

revealed the injured worker reported she had been stable since her last visit. The injured worker indicated she had attempted chiropractic care but reported the adjustment caused her to have some increased pain. The injured worker was awaiting authorization for the transforaminal epidural injection and complained of left knee pain. The injured worker indicated medications were helping her pain and improved her ability to sleep. The injured worker rated her mid back pain 5/10 with radiation of pain to the left knee. The physical examination of the lumbar spine revealed tenderness to palpation to the bilateral paraspinal region with decreased range of motion. Sensation was diminished of the left L5 and S1 dermatomes. The motor examination was rated 4+/5 and the injured worker had hyperreflexic patellar and Achilles reflexes bilaterally. There was a positive Hoffmann's test and a positive straight leg raise that caused left knee pain. The straight leg raise on the right side caused hip pain. There was a positive Slump test and a limited range of motion to the left knee. The request for authorization form was not submitted within the medical records. The request was for an MRI of the thoracic spine (05/08/2014 to 07/06/2014); however, the provider's rationale was not submitted within the medical records.

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 (05/08/2014 - 07/06/2014): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back- Lumbar & Thoracic

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 (05/08/2014 to 07/06/2014) is not medically necessary. The injured worker complains of back and knee pain. The CA MTUS/ACOEM Guidelines criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. 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 potential cause such as an MRI for neurologic deficits. Additional studies may be considered to further define problem areas. The recent evidence indicates cervical disc annular tears may be missed on MRIs. The guidelines state an MRI could be used to identify an anatomic defect. There is a lack of significant clinical findings or red flags to warrant an MRI of the thoracic spine. The physical examination failed to identify neurological deficits within the thoracic dermatomal distribution. Therefore, the request is not medically necessary.