

Case Number:	CM14-0050563		
Date Assigned:	07/07/2014	Date of Injury:	10/06/2010
Decision Date:	04/08/2015	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 40 year old female who sustained an industrial injury on 10/06/2010. She has reported chronic pain in the left arm, headaches. Diagnoses include; chronic regional pain syndrome with pain in the left distal forearm, headaches and dizziness; left hemi hypoesthesia; left arm reflex sympathetic dystrophy; left TMJ pain; pain to the left shoulder, elbow, both wrists, and right hand; emotional distress; sleep disturbance; cognitive impairment; sexual dysfunction; and weight gain. Treatments to date include surgical radial nerve decompression on 10/07/2011. Other therapies include acupuncture, stellate ganglion blocks, unspecified cervical injection, pain management and medications. A progress note from the treating provider dated 01/23/2014 indicates the IW needs MRI scans done on a 3.0 Tesla machine of the head, both TMJ, left shoulder, left elbow, and left wrist/hand, cervical thoracic and lumbar spine. EMH/NCV studies were also requested of the cervical spine. Other requested tests included a formal neurocognitive evaluation, videonystagmogram (to evaluate the persistent dizziness/vertigo), and continuation of present medications replacing her Norco to Opana 10 mg twice daily, and starting a trial of Cymbalta. On 03/20/2014 Utilization Review non-certified a request for Lumbar Spine MRI Tesla 3.0, the MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI Tesla 3.0: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines low back chapter, MRI.

Decision rationale: This patient presents with low back pain with decreased sensation in the bilateral outer thighs and dorsum of both feet and hypoactive deep tendon reflexes. The current request is for LUMBAR SPINE MRI TESLA 3.0. For special diagnostics, ACOEM Guidelines, page 303, states, "Unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging on patients who do not respond well to treatment and who would consider surgery as an option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." For this patient's now chronic condition, ODG Guidelines provides a thorough discussion. ODG, under its low back chapter, recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if there is severe or progressive neurological deficit. The Utilization review denied the request stating that "the extent of the patient's conservative treatment" was not specifically stated. "Additionally, the clinical information failed to provide evidence of red flags or a discussion for possible surgery." This patient has low back pain with decreased sensation and there is no indication that prior imaging has been done for the lumbar spine. In this case, a MRI for further investigation is in accordance with ACOEM and ODG guidelines. This request IS medically necessary.