MAXIMUS Federal Services

Case Number:	CM15-0165395		
Date Assigned:	09/02/2015	Date of Injury:	02/14/2015
Decision Date:	10/06/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/24/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 37 year old female who sustained a work related injury February 14, 2015. While cleaning the backsplash of a grill, she developed severe low back pain and pain in her neck and shoulders due to overuse. She received six sessions of chiropractic care, therapy with a hot cold machine, medication, lumbar spine brace, and underwent x-rays of the lumbar spine and right shoulder. The most recent primary treating physician's orthopedic report, dated April 13, 2015, found the injured worker presenting with frequent right sided neck pain. The pain is rated 6 out of 10 at rest and 9 out of 10 with activities. The pain radiates down the right arm and is associated with weakness, numbness and swelling. She reports constant sharp low back pain, radiating down into the right foot and associated with weakness, numbness, locking and swelling. The pain is rated 7 out of 10 at rest and 9 out of 10 with activities. There is sharp bilateral shoulder pain, radiating down into the right hand, and associated with weakness numbness, giving way, and swelling. The pain is rated 4 out of 10 on the right side and 5-6 out of 10 on the left side at rest and 5-6 out of 10 on the left, and 8 out of 10 on the right with activities. Physical examination revealed; 5'4" 220 pounds; thoracic-lumbar spine- tenderness guarding and spasm noted in the paravertebral regions bilaterally, trigger points bilaterally, range of motion restricted due to pain and spasm. Diagnoses are thoracic spine sprain, strain; thoracic myospasm; lumbar myospasm; lumbar spine sprain, strain. Treatment plan included physical therapy, medication, and at issue, a request for authorization for an MRI of the thoracic and lumbar spine.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The ACOEM chapter on neck and upper back complaints and special diagnostic studies states: 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; Clarification of the anatomy prior to an invasive procedure. The provided progress notes fails to show any documentation of indications for imaging studies of the thoracic spine as outlined above per the ACOEM. There was no emergence of red flag. The pain was characterized as unchanged. The physical exam noted no evidence of new tissue insult or neurologic dysfunction. There is no planned invasive procedure. Therefore, criteria have not been met for a MRI of the thoracic spine and the request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The ACOEM chapter on low back complaints and special diagnostic studies 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 disk 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. Techniques vary in their abilities to define abnormalities (Table 12-7). Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Because the overall false-positive rate is 30% for imaging studies in patients over age 30 who do not have symptoms, the risk of

diagnostic confusion is great. There is no recorded presence of emerging red flags on the physical exam. There is evidence of nerve compromise on physical exam but there is not mention of consideration for surgery or complete failure of conservative therapy. For these reasons, criteria for imaging as defined above per the ACOEM have not been met. Therefore, the request is not medically necessary.