

Case Number:	CM15-0166820		
Date Assigned:	09/04/2015	Date of Injury:	07/29/2014
Decision Date:	10/20/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/25/2015

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: California

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 60 year old female, who sustained an industrial injury on July 29, 2014. The injured worker was diagnosed as having peripheral nerve compression, chronic pain syndrome, lumbar radiculopathy of left lower extremity and back pain, and status post methicillin-resistant staphylococcus aureus (MRSA) infection. Medical records (June 22, 2015) indicate the development of severe left-sided mid and lower back pain radiating down the left leg, which was rated 9-10 out of 10. Associated symptoms include burning, numbness tingling, and stabbing pain. In addition, there was ongoing right lower leg numbness and pain. The physical exam (June 22, 2015) reveals decreased lumbar range of motion with spasm and guarding. There is visible kyphosis over the T7 (thoracic 7) area of the thoracic spine with tenderness to palpation and percussion of the T7 spinous process. There is visible swelling and scarring over the right calf. Treatment has included off work, physical therapy and acupuncture for the right lower extremity, and medications including antibiotics, pain, anti-epilepsy, antianxiety, and muscle relaxant. Per the treating physician (June 22, 2015 report), the injured worker is to return to full duty. On June 22, 2015, the requested treatments included MRI of the thoracic spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI to the thoracic spine: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to the CA MTUS ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. Red flags consist of fracture, tumor, infection, cauda equina syndrome/saddle anesthesia, progressive neurologic deficit, dissecting abdominal aortic aneurysm, renal colic, retrocecal appendix, pelvic inflammatory disease, and urinary tract infection with corresponding medical history and examination findings. The medical records indicate that there is concern with regards to infection or soft tissue injury of the thoracic spine. The request for advanced imaging studies would be supported to rule out red flags. The injured worker's history and clinical examination supported the requested study. The request for MRI to the thoracic spine is medically necessary and appropriate.