

<b>Case Number:</b>	CM15-0194041		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	12/12/1989
<b>Decision Date:</b>	11/20/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 70 year old female, who sustained an industrial injury on 12-12-1989. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for Reflex Sympathetic Dystrophy (RSD) of the upper limb, chronic low back pain, degenerative joint disease, closed fracture of metacarpal bones, and carpal tunnel syndrome. Medical records (04-14-2015 to 09-03-2015) indicate ongoing pain in the right shoulder and upper extremity. Pain levels were rated 6 out of 10 on a visual analog scale (VAS) on 04-14-2015 and 08 out of 10 from 05-12-2015 to 08-06-2015. Records also indicate no changes in activity levels or level of function. Per the treating physician's progress report (PR), the IW has returned to work. The physical exam, dated 09-03-2015, revealed decreased strength in the right hand, and slightly decreased sensation to pin-prick in the right upper extremity. No changes were reported from previous exam. Relevant treatments have included: spinal cord stimulator (SCS) placement, physical therapy (PT), work restrictions, and pain medications. The treating physician indicates that the IW requested MRI of the lumbar spine due to increased pain and to assess SCS hardware. No recent x-rays were reported. The PR and request for authorization (09-03-2015) shows that the following test was requested: MRI of the lumbar spine. The original utilization review (09-11-2015) non-certified the request for MRI of the 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 lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic): MRIs (magnetic resonance imaging) 2015.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, Summary. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." ODG states, "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. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical documentation provided indicates this patient is requesting an epidural steroid injection due to increased lumbar pain. The treating physician notes that an MRI is required to assess for SCS hardware prior to the injection. As such, the request for MRI of the lumbar spine is medically necessary.