

Case Number:	CM15-0226060		
Date Assigned:	11/24/2015	Date of Injury:	07/25/2015
Decision Date:	12/31/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 40 year old female who sustained an industrial injury on 07-25-2015. Medical records indicated the worker was treated for post-concussion syndrome, cervical sprain, low back strain, and myofascial pain syndrome. In the provider notes of 09-30-2015, the injured worker complains of pain diffusely all over her body. She has pain in the neck and posterior shoulders radiating up to the head. She has pain in the low back radiating to her lower extremities. A cervical CT was performed on the date of the injury and no fractures were found. She had a neurology consultation on 08-25-2015. Pool therapy for the low back and neck along with cognitive behavioral assessment was recommended. A similar injury is reported from 10 years ago that was treated with medications and physical therapy and time off work for more than a year. She has a history of migraines in the past. She is taking no medications. Pain is rated a 6 on a scale of 0-10. She describes her pain as sharp, shooting and burning with pins and needles in the feet. On exam, the worker has a normal lordic curve. The worker moves slowly and appears depressed. The worker is trying to get pregnant with in vitro fertilization transfers which have been stressful. She has diffuse tenderness and tightness to palpation of the neck and low back. There are palpable tender trigger points over the left greater than the right trapezius, mid, scapular and scapular musculature. Her neck range of motion is 50% in all planes. Motor and sensation are intact. Upper extremity tests for carpal tunnel syndrome are positive on the left and testing for ulnar neuropathy is positive bilaterally. Tests for thoracic outlet syndrome are positive for the left and Finkelstein test is slightly positive on the left. The thoracolumbar spine has tender trigger points over the low back and buttock left greater than the right. Sensation is

decreased in the left S1 distribution. She finds it painful to walk on the left heel. Treatment plan includes a MRI of the low back to document her lower extremity pain. She is being referred to cognitive behavioral pain consultation and to Myofascial Therapies center. A request for authorization was submitted for MRI of the lumbar spine. A utilization review decision 11-04-2015 non-certified the request.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging): Indications for imaging.

Decision rationale: The claimant sustained a work injury on 07/25/15 when a freight elevator door shut on the back of her neck and shoulders. She was seen for neurology evaluation in August 2015. She was having head, neck, and low back pain. She had a history of attempts at in vitro fertilization and was now pregnant. She had not had physical therapy. During the visit, the claimant became anxious and asked to reschedule. No neurological examination was completed. In September 2015, she was having pain diffusely over her body. She had neck and posterior shoulder pain radiating to her head. She was having low back pain radiating to the lower extremities with burning pain and pins and needles in her feet. Pain was rated up to 6/10. She was not taking any medications. Physical examination findings included appearing anxious and depressed. There was decreased thoracolumbar range of motion with trigger points. There was decreased left S1 distribution sensation with positive left greater than right straight leg raising. Strength was normal. She was referred for six sessions of myofascial therapy. Authorization was requested for an MRI scan of the low back to document her lower extremity pain. On 11/03/15 she was evaluated for physical therapy. She was having shooting pain from her spine into all four extremities. There was decreased range of motion with increased sensitivity to touch. Treatment was planned 1-2 times per week for six weeks. For uncomplicated low back pain with radiculopathy, unless there is a severe or progressive neurologic deficit, a lumbar MRI is not recommended until after at least one month of conservative therapy. In this case, there were no identified red flags or findings of progressive neurological deficit and the claimant had not undergone conservative treatments. Although she was pregnant and medication options would be limited, physical therapy would be the expected treatment with a re-evaluation prior to considering an MRI scan. The requested MRI of the lumbar spine is not considered medically necessary.