

Case Number:	CM14-0001940		
Date Assigned:	01/22/2014	Date of Injury:	09/09/2013
Decision Date:	09/05/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, low back, and mid back pain associated with an industrial injury of September 9, 2013. Thus far, the applicant has been treated with analgesic medications, unspecified amounts of acupuncture, and work restrictions. In a November 1, 2013 progress note, it was acknowledged that the applicant was not working. The applicant was a former certified nursing assistance at [REDACTED]. The applicant had developed multifocal neck, upper back, and mid back pain reportedly associated with cumulative trauma at work. The applicant had developed derivative complaints of stress and anxiety. The applicant had radiation of neck pain to the left arm. The applicant was doing some home exercises and was using Flexeril and Motrin for pain relief. 5/5 bilateral lower extremity strength was noted with 5/5 bilateral upper extremity strength also appreciated. Multiple palpable tender points were noted. A rather proscriptive 5- to 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. On December 6, 2013, the attending provider stated that he wanted the applicant to undergo MRI imaging of the lumbar and thoracic spines to "better assess her current condition." The applicant was given diagnosis of neck pain, mid back pain, and low back pain secondary to cumulative trauma. The applicant did report some radiation of low back pain to the leg. Positive straight leg raise was noted on the right. Muscle spasms were noted. It was stated that the applicant's employer was likely unable to accommodate the rather proscriptive 5- to 10-pound lifting limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) LS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, however, there is no evidence of the applicant is actively considering or contemplating any kind of surgical remedy insofar as the lumbar spine is concerned. There is no mention of any red flag diagnoses such as fracture, tumor, infection, or cauda equina syndrome, being possibly present here. Therefore, the request is not medically necessary.

MAGNETIC RESONANCE IMAGING (MRI) TS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179, 182.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, Table 8-8, page 182, MRI or CT imaging is recommended to validate a diagnosis of nerve root compromise, based on clear history of physical exam findings, in preparation for an invasive procedure. In this case, however, there is no clear or concrete evidence of a radicular process emanating from the thoracic spine. The bulk of the applicant's complaints are seemingly localizable to the lumbar spine. There was no mention or suggestion that the applicant is actively considering or contemplating any kind of surgical intervention or interventional procedure insofar as the thoracic spine was concerned. Some of the diagnosis postulated by the attending provider, including that of thoracic myofascial pain, do not appear to be diagnoses amenable to detection via MRI imaging; the ACOEM Chapter 8, Table 8-7, page 179 scores MRI imaging at 0/4 in its ability to identify physiologic insults such as myofascial pain syndrome. For all the stated reasons, then, the proposed thoracic MRI is not medically necessary.