

Case Number:	CM15-0061087		
Date Assigned:	04/07/2015	Date of Injury:	12/29/2014
Decision Date:	05/12/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/31/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational 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 31 year old female, who sustained an industrial injury on 12/29/2014. She reported pain in her middle back that gradually started radiating into her neck and down into the lower back. The injured worker was diagnosed as having thoracolumbar contusion and rule out discogenic pain, thoracic region and lumbar spine. Treatment to date has included x-rays, medications, physical therapy. Currently, the injured worker complains of constant pain in the upper, middle and lower back and pain in the right hip. Current medications included anti-inflammatory medication and muscle relaxants. Treatment plan included MRI of the thoracic and lumbar spine to evaluate possible degenerative disc disease, protrusion, herniations, nerve root impingement and ligamentous alignment of the spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI LUMBAR WITHOUT CONTRAST: 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): 177.

Decision rationale: According to the cited guidelines: "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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further. Physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue. In this specific patient neurologic examination does not identify specific nerve compromise and there are no studies that have found a focal neurologic dysfunction in the lumbar spine that suggests injury to the spinal cord. Based on the records reviewed and the cited guidelines, MRI of the lumbar spine does not appear to be medically necessary at this time. If at any time there are changes in radicular symptoms or findings on neurological exam, then an MRI of the lumbar spine would be clinically necessary.

MRI THORACIC WITHOUT CONTRAST: 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): 176.

Decision rationale: According to the cited guidelines: "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. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. The assessment may include sensory-evoked potentials (SEPs) if spinal stenosis or spinal cord myelopathy is suspected. If physiologic evidence indicates tissue insult or nerve

impairment, consider a discussion with a consultant regarding next steps, including the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue. In this specific patient neurologic examination does not identify specific nerve compromise and there are no studies that have found a focal neurologic dysfunction in the lumbar spine that suggests injury to the spinal cord. Based on the records reviewed and the cited guidelines, MRI of the thoracic spine does not appear to be medically necessary at this time. If at any time there are changes in radicular symptoms or findings on neurological exam, then an MRI of the thoracic spine would be clinically necessary.