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| <b>Case Number:</b>   | CM14-0147764 |                              |            |
| <b>Date Assigned:</b> | 09/23/2014   | <b>Date of Injury:</b>       | 07/30/1993 |
| <b>Decision Date:</b> | 10/22/2014   | <b>UR Denial Date:</b>       | 09/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/11/2014 |

### 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 Family Medicine and is licensed to practice in North Carolina. 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 injured worker is a 56-year-old with a reported date of injury of 07/30/1993. The injured worker has the diagnoses of CRPS of left lower extremity, lumbar post-laminectomy syndrome, limb pain and de Quervain's syndrome. Past treatment modalities have included lumbar surgery. Per the most recent progress notes provided for review by the primary treating physician dated 09/10/2014, the injured worker had complaints of chronic low back, left hip and left lower extremity pain. A MRI of the lumbar spine from 02/01/2014 reportedly showed postoperative changes at L4/5 with moderate left lateral recess stenosis and facet hypertrophy. The physical exam noted valgus deformity of the left leg, decreased range of motion in the lumbar spine and hip joint, left SI joint tenderness and decreased sensation along the left lateral thigh. Treatment plan recommendations included medication modification, request for thoracic MRI for placement of SCS trial, and referral for increasing hip pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) Thoracic Spine W/O Contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 77-78.

**Decision rationale:** The ACOEM section on neck and upper back complaints and imaging states: 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. The recent evidence indicates cervical disk annular tears may be missed on MRIs. The clinical significance of such a finding is unclear, as it may not correlate temporally or anatomically with symptoms. Per the progress notes, the request for a thoracic MRI is due for lead placement for a SCS trial. It is not due to specific thoracic neuropathy or disease state but the indication is for clarification of anatomy prior to an invasive procedure. For these reasons criteria as set forth above have been met per the ACOEM. Therefore the request is medically necessary.