

Case Number:	CM13-0068993		
Date Assigned:	01/03/2014	Date of Injury:	11/08/2012
Decision Date:	05/22/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/20/2013

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 Emergency 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 patient is a male with a date of injury of 11/8/2012. The mechanism of injury described as a motor vehicle collision leading to a burning vehicle causing R shoulder injury, low back/R hip injury and burns to both legs. The patient has a diagnosis of PTSD (Post traumatic Stress Disorder), shoulder pain, hip pain, foot injury, lumbago, metatarsalgia of R foot and Complex regional pain syndrome (CRPS) of lower limb. The right shoulder pain has a diagnosis of rotator cuff tear and impingement syndrome. The patient also has a report of multiple falls and orthostatic hypotension. Burns are reportedly mostly healed. Multiple medical records from primary treating physician and consultants reviewed. The patient complains of right shoulder, elbow and right leg pains. The patient also complains of repeated falls and right hip/buttock area pains. There are no notes from primary treating physician about characteristics or these pains, severity or any exacerbating or associated factors. Note from 3/8/13 from burn surgeon reports that patient has complains of low back pains which was "mild" but no other reports concerning this back/hip pain was noted until 11/27/13. Physical exam notes are limited. The note on 11/27/13 is a full exam but appears to be potentially a template since all neurological and musculoskeletal exam components were negative. Otherwise patient had a completely normal physical exam as per that note. The only information noted on objective exam reveals right shoulder and elbow pains that have "improved", sharp right foot pains, complaints of "rope burn" sensation in right thigh and leg and pain and reported fasciculations mostly to the right calf. The only imaging reported is from orthopedics (3/6/13) reporting a claw toe on the right side. There is no provided notes concerning prior imaging or testing. The patient is currently on Neurontin. There is report of patient undergoing physical therapy with no significant improvement. The utilization review is for MRI of lumbar spine without dye. Prior UR on 12/10/13 recommended non certification.

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 WITHOUT DYE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

Decision rationale: As per ACOEM guidelines, MRI for low back complaints should be reserved and used judiciously due to high rates of false positive findings. It is recommended only for "red-flag" changes of presentation of back pains or in cases where surgery is being considered. There are no noted "red flag" concerns with no documented signs of infection, neurological deficits or any new recent trauma. The treating physician provides no documentation to state why an MRI was requested and there is a significant lack of documentation especially a lack of a low back or neurological exam. The lack of documentation also makes it difficult to determine if there are any neurological deficits or any physical exam supporting "red flags". There is also no documentation of any conservative treatments attempted or if any other advance testing was done in the past. The request does not meet any indication for an MRI of the lumbar spine as per ACOEM guidelines. MRI of the lumbar spine is not medically necessary.