

Case Number:	CM13-0071738		
Date Assigned:	01/08/2014	Date of Injury:	07/27/2013
Decision Date:	11/14/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/30/2013

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 injured worker is a 29 year-old male, who sustained an injury on July 27, 2013. The mechanism of injury occurred from standing in concrete. Diagnostics have included: December 4, 2013 EMG/NCV reported as showing bilateral tarsal tunnel syndrome. Treatments have included: physical therapy, medications. The current diagnoses are: lower legs chemical burns, bilateral tarsal tunnel syndrome. The stated purpose of the request for Lumbar Spine MRI was not noted. The request for Lumbar Spine MRI was denied on November 25, 2013, neither citing a lack of documentation of neither neurologic exam findings nor red flag conditions nor failed conservative treatment for the back. Per the report dated November 14, 2013, the treating physician noted complaints of back pain, burning pain to the right foot and pain to the right foot/ankle with walking. Per the report dated January 13, 2014, the treating physician noted complaints of back pain, and nerve pain to the right foot. Exam findings included right leg second degrees partial to deep thickness burs, left leg eschar, decreased ankle range of motion, with hyperpigmentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE MRI: 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): 303-305.

Decision rationale: The requested Lumbar Spine MRI is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Lower Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 303-305, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has back pain, and nerve pain to the right foot. The treating physician has documented right leg second degrees partial to deep thickness burs, left leg eschar, decreased ankle range of motion, with hyperpigmentation. The treating physician has not documented a positive straight leg raising test, nor deficits in dermatomal sensation, reflexes or muscle strength. The criteria noted above not having been met, Lumbar Spine MRI is not medically necessary.