

Case Number:	CM14-0009526		
Date Assigned:	02/14/2014	Date of Injury:	06/18/2012
Decision Date:	08/11/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/23/2014

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:

This is a 50-year-old male with a 6/18/12 date of injury. He is a mechanic and when he was working on a car, the chain broke and the front of the car fell down on his right ankle. On 12/13/13, the patient reported unchanged symptoms. He had back and lower leg pain. Objective: he uses a cane for ambulation. He has a slight flexion contracture of the great toe. There is decreased sensation over the superficial peroneal nerve distribution. Diagnostic Impression is s/p grade II open distal tibia pilon fracture s/p ORIF, Low Back pain, and right 1st and 2nd hammer toe secondary to scar tissue. Treatment to date: ORIF on 6/18/12, medication management, activity modification, home exercise program, physical therapy, immobilization. A UR decision dated 1/6/14 denied the request for MRI of the lumbar spine because the patient has an 18-month history of low back pain without symptoms of radiculitis and no evidence of clincial radiculopathy on physical exam. There is no documentation that the patient has received conservative care and observation, including physical therapy.

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: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter: MRI.

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, there is no comprehensive objective exam of the lumbar spine documented. Although the patient is noted to have had physical therapy, it is unclear if the physical therapy has been directed specifically for the lumbar spine. Therefore, there is no clear documentation of failure of conservative care specifically for the lumbar spine. There are no red flag diagnosis such as numbness or weakness. In addition, although it is noted that the patient had 3-view films of the lumbar spine in July of 2013, the provider documents that the reading was the same as the ankle x-ray, showing interval consolidation of an old fracture, which would be an incorrect read for the lumbar spine. Therefore, the request for MRI of the Lumbar Spine is not medically necessary.