

Case Number:	CM14-0063057		
Date Assigned:	07/11/2014	Date of Injury:	04/29/2013
Decision Date:	09/12/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/05/2014

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 Orthopedic Surgery 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 52-year-old female who was injured on 04/29/13 when she fell and landed on her lateral right hip. The injured worker complains of right hip pain and pain that affects the "whole" right leg. The injured worker is diagnosed with trochanteric bursitis of the right hip and enthesopathy of the hip region. Also pertinent is a diagnoses of diabetes. Treatment to date has included physical therapy and cortisone injections into the greater trochanter of the right hip. There are no imaging studies referenced or included for review. Clinical note dated 04/03/14 indicates the injured worker's gait is antalgic and notes the injured worker ambulates with the use of a cane. It is noted the injured worker has been developing numbness and tingling in the right leg. This note states the injured worker has the comorbidity of diabetes mellitus and that the injured worker's paresthesias may be due to peripheral neuropathy. A magnetic resonance image of the lumbar spine is requested to rule out any evidence of nerve root irritation. Most recent physical therapy note dated 04/25/14 indicates the injured worker demonstrates decreased strength and sensation in the L4-S1 distribution upon neurological examination. Right straight leg raise is positive for pain at 30 and decreased muscle strength is noted at all muscles tested about the right lower extremity. There are no deficits noted about the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The submitted documentation only includes one indication of pain involving the injured worker's "whole leg" which dates 04/03/14. There are no clinical notes more recently dated, thus the duration of this symptom is not indicated. It is not indicated that surgery is a treatment option being considered for this injured worker. The submitted physical examinations do reveal decreased sensation and muscle strength upon neurological examination; however, records indicate the treating physician feels the injured worker's numbness and tingling could be associated with peripheral neuropathy due to diabetes mellitus. Records do not indicate electrodiagnostic studies have been performed to investigate the potential presence of peripheral neuropathy. Based on the clinical information provided, medical necessity of a magnetic resonance image of the lumbar spine is not established.