

Case Number:	CM14-0074394		
Date Assigned:	07/16/2014	Date of Injury:	05/07/2010
Decision Date:	09/17/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/21/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 55 year-old female who sustained a work related injury on 05/07/10. She was stepping on the brake of a wheel of a rack and felt right foot pop. She found to have a displaced fracture of the third metatarsal. The patient remained in the cast for 8-10 weeks. After some time off from work, she returned to work in a walking boot one year after the injury. She states that she developed pain in the low back when working with the boot on and she believes that she injured the lumbar spine as well by working in the walking boot. The records indicates that the lower back pain occurred in March 2009 and not on DOI. [REDACTED] evaluated her about 2 years ago as AME and recommended surgery on the right foot and ankle. He also agreed that the back pain was caused by wearing the walking boot on the right foot. She received reconstructive surgery on the right foot and ankle on 01/22/13. She felt 80% better after the surgery, and improved balance. On exam there was tenderness on right lower lumbar spine. ROM of the lumbar spine was restricted with flexion limited to 48 degrees, extension limited to 15 degrees and lateral bending limited to 20 degrees bilaterally. She was unable to do heel walk and toe walk. Supine straight leg raising was positive bilaterally at 70 degrees. X-ray of the lumbar spine AP and lateral views revealed minimal arthritic changes. There were no acute fractures of dislocations. MRI of Lumbar Spine dated 02/17/2014 shows T12-L1: 2mm posterior disc bulge and 3mm anterior disc protrusion, L4-L5: 2 mm posterior disc bulge and arthritic changes in the facet joints bilaterally, and L5-S1: 3-4 mm posterior disc bulge with compromise on the exiting nerve roots bilaterally. Diagnoses: compensatory strains of lumbar spine, right third metatarsal fracture; left knee and left ankle; left ganglion cyst; left trigger thumb. The request for MRI of the lumbar spine without dye was denied due to lack of medical necessity.

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): 268, 303, 374. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back.

Decision rationale: According to the ODG guidelines, MRI is recommended in uncomplicated low back pain, after at least 1 month conservative therapy, or sooner if severe progressive neurological deficit, or prior lumbar surgery. In this case, the injured worker had a lumbar MRI in Feb. 2014, which was diagnostic and has showed multilevel disc protrusions with nerve roots compromise. Since then, there is no evidence of progressive worsening of symptoms, red flag signs or plan for surgery. It is not clear as to why a repeat MRI has been requested. As such, the request for repeat MRI is not considered medically necessary.