

Case Number:	CM14-0087695		
Date Assigned:	09/25/2014	Date of Injury:	12/01/2012
Decision Date:	11/04/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/11/2014

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 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 40-year-old male who sustained a remote industrial injury on 12/01/12 diagnosed with amputation of the left lower extremity, open reduction and internal fixation of multiple pelvic fractures, and low back pain. Mechanism of injury occurred when the patient was pinned against a wall by a truck. The request for MRI of the lumbar spine was non-certified at utilization review due to the lack of evidence of a serious pathologic problem. The most recent progress note provided is 04/18/14. Patient complains primarily of pain in the left thigh, left hip, and low back, along with occasional numbness over the left leg. The patient has been utilizing his left leg prosthesis for his above-knee amputation and experiencing more pain because of this weight-bearing. The patient has been authorized to proceed with physical therapy. Physical exam findings reveal the patient is wearing his prosthesis, which still requires the use of his crutches for stability, and there are no deformities over the low back. Current medications include: Norco and OxyContin. It is noted that the patient has been increasing the use of Norco due to increased pain levels. It is also noted that the patient will proceed with an orthopedic consultation to evaluate the status of his fractures along the left pelvis, especially considering the recent increase in pain. The treating physician is requesting an MRI of the lumbar spine due to the possibility of a disc herniation causing persistent and increased low back pain. Provided documents include several previous progress reports, requests for authorization, and operative reports. The patient's previous treatments include left stump revision surgery, abdominal surgery, other unspecified surgeries, physical therapy, and medications. Imaging studies provided include a CT of the abdomen and pelvis, performed on 11/22/13. The impression of this CT reveals postsurgical changes in the midline anterior abdominal wall without evidence of retained foreign body, abscess, fistula or other abnormalities; postsurgical changes in the left bony pelvis; prominent lymph nodes in the right lower quadrant mesentery; and hepatic steatosis. An ultrasound of the

deep venous bilateral lower extremities, performed on 12/03/13, is also included and reveals no evidence of deep venous thrombosis of bilateral lower extremities.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): TABLE 8-7. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG) Low Back, MRIs (Magnetic Resonance Imaging).

Decision rationale: ACOEM guidelines indicate unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. ACOEM guidelines specifically cite that imaging may be appropriate "When surgery is being considered for a specific anatomic defect or to further evaluate the possibility of potentially serious pathology, such as a tumor." Provided documentation does not highlight that the patient is a candidate for surgery or identify suspicion of a serious pathology, nor are there unequivocal objective findings that would warrant the necessity of an MRI. Rather, the most recent physical exam findings do not indicate any findings relating to the lumbar spine that correlate with ODG's indications for imaging, such as suspected trauma or severe neurologic deficit. Further, plain radiographs are recommended prior to utilizing magnetic resonance imaging. For these reasons, medical necessity is not supported and the request for MRI of the Lumbar Spine is not medically necessary and appropriate.