

Case Number:	CM14-0208098		
Date Assigned:	12/22/2014	Date of Injury:	07/06/2014
Decision Date:	02/18/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 36-year-old male with a date of injury of 07/06/2014. According to progress report dated 09/18/2014, the patient presents with constant low back pain that radiates into his right knee to the calf. The patient is currently utilizing Norco to alleviate his pain, and the pain increases when sitting. The patient presents with normal gait without limp or weakness and is able to toe walk but has pain in his right calf. Range of motion is moderately decreased with noted pain on all planes. Motor strength is within normal range. Light touch sensation is intact in the bilateral lower extremities. Bilateral reflexes in patella and Achilles are 2+. Straight leg raise is negative bilaterally. It was noted there is swelling in the right gastrocnemius approximately 5 cm in diameter, which is mildly tender. An x-ray of the lumbar spine was performed on this date, which revealed normal lumbar lordosis, coronal alignment is within normal, vertebral body heights are within normal limits. There are mild anterior osteophytes at L2-L3 and L3-L4 and there is no evidence of spondylolisthesis. The listed diagnoses are: 1. Right calf strain. 2. Lumbar strain. 3. Left thumb MCP strain. 4. Anxiety. The patient is not yet permanent and stationary. Treatment recommendations included MRI of the right calf, MRI of the lumbar spine, consult with hand surgeon for left thumb, psych consultation for anxiety, and a prescription for naproxen. The utilization review denied the request on 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar MRI: Overturned

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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, MRI.

Decision rationale: This patient presents with constant low back pain that radiates down to his right knee to the calf. The current request is for lumbar MRI. For the MRI of the lumbar spine, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG under its low back chapter recommends obtaining an MRI for uncomplicated low back pain with radiculopathy after 1 month of conservative therapy, sooner if severe or progressive neurologic deficit. There is no indication of prior MRI imaging. The patient underwent an x-ray of the lumbar spine on 09/18/2014, which showed mild anterior osteophytes at L2-L3 and L3-L4. In this case, there are no neurological deficits on examination but the patient reports continued low back pain that radiates into the lower extremities. Given the patient has not yet had an MRI, an MRI for further investigation is within ACOEM and ODG guidelines. The request for MRI is medically necessary.

Right calf MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341, 342. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg chapter, MRI's (magnetic resonance imaging); http://www.medsolutions.com/documents/guidelines/guideline_downloads/MUSCULOSKELETAL%20IMAGING%20GUIDELINES.pdf, MedSolutions Musculoskeletal Imaging Guidelines

Decision rationale: This patient presents with constant low back pain that radiates into the right knee and to the calf. The current request is for right calf MRI. ACOEM Guidelines chapter 13 pages 341 and 342 states "special studies are not needed to evaluate most complaints until after a period of conservative care and observation. For patients with significant hemarthrosis and a history of acute trauma, radiograph is indicated to evaluate for fracture." ODG guidelines may be more appropriate at addressing chronic conditions. ODG under its knee/leg chapter states that an MRI is reasonable if internal derangement is suspected. Examination on 09/18/2014 noted swelling in the right gastrocnemius, which was mildly tender. The treating physician has not provided a medical rationale for why an MRI of the calf is being requested. Examination only

revealed mild tenderness in the calf area. The MTUS and ODG guidelines do not provide any discussion or support for MRI for the calf. The MedSolutions Musculoskeletal Imaging Guidelines state, "MRI of the lower leg without contrast (CPT 73718) is appropriate if failure of a 4 week trial of conservative treatment, in order to rule out stress fracture of the tibia." In this case there is no documentation of a possible stress fracture and no discussion from the treating physician why this test is medically necessary. This request is not medically necessary.