

Case Number:	CM14-0048633		
Date Assigned:	06/25/2014	Date of Injury:	01/12/2014
Decision Date:	01/30/2015	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/28/2014

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 Anesthesiology, has a subspecialty in Acupuncture & 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 32 year old male sustained an industrial related injury on 01/12/2014 of unknown mechanism. The results of the injury and current complaints included constant severe radiating pain in the lower and mid back, constant severe left knee pain, and constant severe right foot pain in the arch area. Initial and current diagnoses include lumbar sprain/strain with radiculopathy rule out disc bulges, thoracic spine sprain/strain, bilateral knee sprain/strain rule out derangement, and right foot plantar fasciitis. Objective findings revealed moderate to severe palpable tenderness in the lumbar sacral area, slightly improved range of motion 30/60, extension 8/25, right lateral flexion 10/25, left lateral flexion 10/25, right rotation 10/25, left rotation 10/25, +Kemps, +SLR, +Ely's, +Milgrams, +Valsalva, +4/+5 heel/toe walking, knee extension, T/S- moderate to severe palpable tenderness, hypertonic paraspinal muscles, +Kemps, (B/L) knees- left - moderate to severe palpable tenderness, range of motion slightly improved - extension 130/180, flexion 110/135, +Mobility, +Valgus, +Varus, right - moderate palpable tenderness, Dec range of motion - extension 160/180, flexion 120-135, +valgus, right foot - moderate palpable tenderness in the arch and heel. Treatment to date has included chiropractic treatments and physical therapy. Previous diagnostic testing was not provided or discussed. The MRI scan was requested for the treatment of constant severe and radiating pain. Treatments in place around the time the MRI was requested included therapeutic exercises, chiropractic treatment, and physiotherapy. The injured worker's pain and functional deficits were noted to be slightly improved. Activities of daily living were not discussed. Work status was unchanged as the injured worker remained temporary totally disabled. Dependency on medical care was unchanged. On 03/13/2014, Utilization Review modified a request for MRIs of the lumbar spine and acupuncture 2x2 weeks for the lumbar and thoracic spine, bilateral knees and right foot which were requested on 03/05/2014. The acupuncture was certified; however, the MRI of the

lumbar spine was non-certified based on the absence of any plain film imaging. The CA MTUS ACOEM and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of MRI of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Scan of the Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. While it is noted that the injured worker demonstrates findings consistent with radiculopathy, with motor deficits in the right foot, the documentation submitted for review did not indicate that x-ray had been performed. The request is not medically necessary.