

Case Number:	CM15-0047401		
Date Assigned:	03/19/2015	Date of Injury:	04/16/2014
Decision Date:	04/24/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/12/2015

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 & Rehabilitation, Pain Management

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 36 year old male, who sustained an industrial injury on 4/16/14. He reported an industrial injury that resulted in cervical and lumbar spine pain, right knee, ankle and foot pain. The injured worker was diagnosed as having cervical spine sprain/strain; lumbar sprain/strain; internal derangement of right knee/fracture; right ankle sprain. Treatment to date has included CT scan right foot; EMG/NCV lower extremities (no date); physical therapy; medications. Currently, per narrative dated 2/4/15 from the provider, the injured worker complains of occasional neck stiffness, sharp low back pain, constant throbbing right knee pain with numbness at times, and right ankle pain with numbness radiating to back of leg to foot with a recurring lump on top of the foot. PR-2 dated 1/21/15 indicates pain and swelling in the right foot and ankle aggravated with walking. There are no diagnostic reports submitted with the medical documentation. The provider indicates that CT scans were completed at injury but he wants an MRI scan of the lumbar spine without dye to help determine "what is going on."

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine MRI Scan: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-304.

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that 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 and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise suggestive of radiculopathy on the neurologic exam. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.