MAXIMUS Federal Services

Case Number:	CM14-0133575		
Date Assigned:	08/27/2014	Date of Injury:	09/04/2013
Decision Date:	10/23/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/21/2014

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 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 27-year-old male who sustained work-related injuries on September 4, 2013. The mechanism of injury was a crushing injury of the right foot. Prior x-rays of the right foot revealed fractures of the right great toe and second toe. He was provided with medications, a boot, and crutches. He also underwent fifty (50) sessions of hyperbaric chamber but in November 2013 his previous provider removed two-thirds of his great toe and half of his 2nd toe with skin graft. On December 20, 2013, he was deemed permanent and stationary. The injured worker was initially seen by his provider on April 9, 2014. He presented complaints of frequent right-sided low back pain which became worse with flexion and extension, prolonged sitting, lifting, and carrying heavy items. He rated his pain as 7/10. He also complained of sexual dysfunction. With regard to his right hip, he complained of frequent pain which became worse with stooping, squatting, climbing, any prolonged standing or walking activities. He rated his pain as 7/10. He also complained of intermittent pain in the right foot associated with numbness. The pain became worse with standing or walking activities. He rated his foot pain as 4/10. Thoracic spine examination noted increasing pain towards terminal range of motion. Tenderness was noted on the paraspinal musculature. Lumbar spine examination noted increasing pain towards the terminal range of motion. Neurological examination findings were normal. X-ray of the right foot revealed evidence of amputations of the right great toe at the interphalangeal joint level and amputation of the 2nd toe to the proximal interphalangeal joint level. He is diagnosed with (a) status post amputation of the right great toe and 2nd toe and (b) lumbar spine strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (magnetic resonance imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: According to evidence-based guideline, unequivocal findings that identify specific nerve compromise on neurological examination are sufficient evidence to warrant imaging in workers who do not respond to treatment and who would consider an imaging study. Other evidence-guidelines indicate that for uncomplicated low back pain with radiculopathy, magnetic resonance imaging scan is not recommended until after at least one month of conservative therapy sooner if severe or progressive neurologic deficit are detected. In this case, the injured worker's most recent records indicate that objective neurological examination findings were normal or unremarkable. Further more, red flags are not present as well as there is no presence of radiculopathy and the injured worker's provider has just requested authorization for physical therapy on April 9, 2014. Therefore, the medical necessity of the requested magnetic resonance imaging scan of the lumbar spine is not established.