

Case Number:	CM14-0028693		
Date Assigned:	08/04/2014	Date of Injury:	01/15/2013
Decision Date:	09/23/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/06/2014

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 Occupational 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 44-year-old female patient with a date of injury of 1/15/13. The mechanism of injury was the patient was struck by a garbage truck while at work, sustaining a crush injury to the left thigh and right knee, degloving injury and left knee multiligamentous injury. Progress notes from 1/30/14 indicate she underwent left knee arthroscopic I & D washout, massive degloving of the lower extremities bilaterally, and lower extremity laceration repair on 1/16/13. She subsequently underwent wide debridement of necrotic skin at bilateral lower extremities on 1/28/13. Multiple washouts and split thickness skin grafting was performed from 1/30 to 2/20/13 during the patient's 7-week hospitalization. Subjective complaints: pain in both legs, especially the knees and right ankle, moderate back pain, loss of muscle mass, difficulty walking, unsteadiness, and sexual dysfunction. Objective exam: extensive skin grafting on legs, finger-to-nose testing and heel-to-shin testing shows no abnormalities. RAM's (rapid alternating movements) in arms and legs show normal coordination, DTR (deep tension reflexes) are 2+ throughout and bilaterally equal. Strength in right upper extremity, left upper extremity, right lower extremity and left lower extremity is 5/5 with normal bulk and tone with no fasciculation. Babinski is flexor positive bilaterally. Cranial nerves exam is intact, motor and upper extremities 5/5, no atrophy; normal station and gait. Sensory: 20% loss of light touch in the ankles, almost total loss over the graft, normal in the inguinal region. Diagnostic impression: Persistent extremity pain and sensory loss after trauma; R/O (rule out) cord lesions. Treatments to date: physical therapy and compression garments. A UR (utilization review) decision dated 2/25/14 denied the request for MRI of cervical spine, MRI of thoracic spine, MRI of lumbar spine due to lack of medical necessity. There was no documentation of unequivocal findings that identify specific nerve compromise on the neurologic examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter-MRI.

Decision rationale: CA MTUS supports imaging studies with red flag conditions; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in restrengthening program intended to avoid surgery; clarification of the anatomy prior to an invasive procedure and definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. However, the neurological examination is documented to be normal. There is no description of significant neck pain. It is unclear how much conservative treatment has been done that is directed specifically at the cervical spine. This request is for MRIs of the cervical, thoracic and lumbar spine. It is unclear why this patient needs imaging of the entire spine with a normal neurological exam. Therefore, the request for MRI of Cervical Spine was not medically necessary.

MRI of thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304 Table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS criteria for imaging studies include red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration of surgery. In addition, ODG supports thoracic MRI studies in the setting of thoracic spine trauma with neurological deficit. However, there is no clear description of neurological deficits on examination. The patient is noted to have a normal neurological exam. There is no description of specific conservative treatment directed toward the thoracic spine. This request is for MRIs of the cervical, thoracic and lumbar spine. It is unclear why this patient needs imaging of the entire spine with a normal neurological exam. Therefore, the request for MRI of Thoracic Spine was not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

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

Decision rationale: CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, the patient was noted to have a normal neurological examination. This request is for MRIs of the cervical, thoracic and lumbar spine. It is unclear why this patient needs imaging of the entire spine with a normal neurological exam. Therefore, the request for MRI of Lumbar Spine was not medically necessary.