

<b>Case Number:</b>	CM15-0123853		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	12/05/2014
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 55 year old male patient who sustained an industrial injury on 06/03/2015. The accident was described as while working a regular duty job as a dry Waller he fell with resulting injury. The patient did trial six sessions of physical therapy that provided no relief and also consulted a specialist. A primary treating office visit dated 12/11/2014 reported right foot pain and swelling. He is not taking any medication at this time. Objective assessment noted a positive Homan's sign on the right. He was diagnosed with the following: right foot contusion; chest wall contusion, somatic dysfunction ribs, and fractured foot bone closed, right. He was given crutches, and a brace to wear on the right. The following medications were dispensed: Etodolac ER, and acetaminophen 500mg. The expected date of maximal medical improvement is noted as 01/08/2015. He is prescribed returning to a modified job duty. A secondary orthopedic evaluation performed on 02/18/2015 reported present subjective complaints of having constant right foot pain, constant low back pain, and frequent right elbow pain. The following diagnoses were applied: right elbow and forearm contusion; lumbar sprain/strain, and right tarsal/metatarsal fracture. The plan of care involved undergoing further radiographic testing of the lumbar spine and right forefoot. The patient is to remain temporary totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

**Decision rationale:** MTUS and ACOEM recommend MRI, in general, for low back pain when "cauda equine, tumor, infection, or fracture are strongly suspected and plain film radiographs are negative, MRI test of choice for patients with prior back surgery." ACOEM additionally recommends against MRI for low back pain "before 1 month in absence of red flags." ODG states, "Imaging is indicated only if they have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition, or if they are candidates for invasive interventions. Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, cauda equina syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." The medical notes provided did not document (physical exam, objective testing, or subjective complaints) any red flags, significant worsening in symptoms or other findings suggestive of the pathologies outlined in the above guidelines. As such, the request for MRI to the lumbar spine is not medically necessary.