

Case Number:	CM15-0062838		
Date Assigned:	04/08/2015	Date of Injury:	04/04/2014
Decision Date:	06/30/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/02/2015

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: Massachusetts

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 a 27 year old male who sustained a work related injury April 4, 2014. Past history included crush injury left foot, s/p third and fourth metatarsal closed reduction and percutaneous pinning of fracture, fourth toe open reduction and internal fixation of proximal phalanx with pinning of second proximal interphalangeal joint with left foot irrigation and debridement and repair, April 4, 2014, s/p removal of all four pins May 21, 2014. According to a pain management re-evaluation physician's report, dated February 20, 2015, the injured worker presented with complaints of constant mild left foot pain radiating into the ball of the left foot and into the second toe associated with tingling and numbness. He also reports increased axial type lower back pain, rated 6-7/10 and left knee pain. Impression is documented as left foot crush injury with third and fourth metatarsal fracture, fracture fourth proximal phalanx with proximal interphalangeal joint dislocation and instability of second toe; possible lumbar discogenic pain/bilateral facet pain, L4-5 and L5-S1; left knee sprain/strain. Treatment plan included a request for authorization for flexion/extension x-ray for the lumbar spine and 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:

Flexion/extension x-ray for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low back - Flexion/extension imaging studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: The claimant sustained a work injury in April 2014 with a crush injury to the left foot. He underwent surgery and had removal of fixation pins in May 2014. When seen, he was having left foot pain with numbness and tingling and increased non-radiating low back pain and left knee pain. Pain was rated at 6-7/10. Physical examination findings included a symmetric and guarded gait. There was lumbar spine and facet tenderness and pain with thoracic and lumbar spine range of motion. There was a normal neurological examination. Applicable criteria for obtaining a lumbar spine x-ray are trauma or if there are 'red flags' such as suspicion of cancer or infection. In this case, there is no identified acute injury or 'red flag'. There are no physical examination findings of instability or a history of a lumbar spine fusion. Therefore a lumbar spine flexion / extension x-ray is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (web), 2015, Low back - Flexion/extension imaging studies.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work injury in April 2014 with a crush injury to the left foot. He underwent surgery and had removal of fixation pins in May 2014. When seen, he was having left foot pain with numbness and tingling and increased non-radiating low back pain and left knee pain. Pain was rated at 6-7/10. Physical examination findings included a symmetric and guarded gait. There was lumbar spine and facet tenderness and pain with thoracic and lumbar spine range of motion. There was a normal neurological examination. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit, when there are 'red flags' such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury. There are no identified 'red flags' that would support the need for obtaining an MRI scan which therefore is not medically necessary.

