

<b>Case Number:</b>	CM13-0021402		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	02/17/2013
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	08/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### 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 Internal Medicine, and is licensed to practice in Arizona. 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 man with a work-related injury dated February 17, 2013 resulting in low back and left foot pain. He was evaluated by the primary treating orthopedist on August 7, 2013 for an initial consult. The patient had a heavy object fall on his left foot. The patient was referred for physical therapy and an MRI of the lumbar spine and left foot. X-rays of the left foot show no significant bony or soft tissue abnormalities (date of exam not documented). The physical exam notes the coordination of the patient was normal, the left foot is difficult to examine (consider diagnosis of CRPS). The assessment includes pain in soft tissues of limb and lumbar sprain and strain. There is no documented prior conservative treatment. The plan of care includes starting multiple oral analgesic medications including anaprox, norco, ultram and gabapentin and an MRI of the lumbar spine and left foot.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left foot without contrast:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 361-386.

**Decision rationale:** According to the Ankle and Foot Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, most cases presenting with true foot and ankle disorders, special studies are usually not needed until after a period of conservative care and observation. In this cases the documentation does not support that the patient has had any conservative treatment or that there are any red flag symptoms present. The request for an MRI of the left foot is not medically necessary or appropriate.