

<b>Case Number:</b>	CM13-0048387		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/28/2013
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in Illinois. 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 physician 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 patient requested authorization for MRI of the right ankle and right hip on 10/21/201 (by [REDACTED], [REDACTED]). The indication was right calf strain and right hamstring strain; chronic pain. [REDACTED] notes also state: "acupuncture helped until there was electrical stimulation feeling worse, wants an MRI". This study was requested while the patient was simultaneously being evaluated and treated for chronic back pain. The patient presented to a medical provider on 8/31/13 complaining of back pain and leg pain. Although the 8/28/2013 is noted as the date of injury it appears from the medical record that the pain was ongoing for at several months prior. He has history of back pain and had an MRI about eight years ago which showed significant pathology. He has been having increased back pain over the past several months. He rated the pain 7/10. The physical exam was positive for back tenderness and decreased range of motion due to pain. There however were no neurologic deficits on exam. X-rays of the lumbar spine were negative for injury. He was diagnosed with lumbar strain and sciatica. Conservative treatment and work limitations were prescribed. He saw a provider again on 10/3/2013 for back pain. There did not appear to be much interval improvement. At that time the provider [REDACTED] recommended a new 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:

**MRI of the right ankle:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot MRI, Indications for imaging.

**Decision rationale:** The request for the MRI of the right lower extremity seems confusing and the indications for it are not supported by the medical literature. The patient has known lumbar spine disease and sciatica and is being treated for same. The chronicity of the right calf and hamstring pain is not well documented. It is not clear from the record whether his complaints about calf and hamstring pain is radiculopathy or distinct. There is no indication of acute injury to the right lower extremity and physical exam did not reveal any abnormalities acute or chronic to this limb. There were no neurologic deficits in this limb. Absence acute/chronic injury to this limb, suspicion for tumor, osteonecrosis, stress fractures, tendon injury/tears there is no indication for MRI of the right lower extremity at this time.

**MRI of the right hip/leg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Plevis MRI, Indications for imaging.

**Decision rationale:** The request for the MRI of the right lower extremity seems confusing and the indications for it are not supported by the medical literature. The patient has known lumbar spine disease and sciatica and is being treated for same. The chronicity of the right calf and hamstring pain is not well documented. It is not clear from the record whether his complaints about calf and hamstring pain is radiculopathy or distinct. There is no indication of acute injury to the right lower extremity and physical exam did not reveal any abnormalities acute or chronic to this limb. There were no neurologic deficits in this limb. Absence acute/chronic injury to this limb, suspicion for tumor, osteonecrosis, stress fractures, tendon injury/tears there is no indication for MRI of the right lower extremity at this time.