

Case Number:	CM13-0064615		
Date Assigned:	01/03/2014	Date of Injury:	03/17/2012
Decision Date:	04/04/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management, 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 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:

This is a female patient with a date of injury of March 17, 2012. A utilization review determination dated December 2, 2013 recommends noncertification of MRI of the lumbar spine. Noncertification is recommended due to lack of documentation of conservative treatment as well as lack of documentation of objective lumbar examination findings. A progress report dated September 12, 2013 identifies current complaints including left ankle/foot and right ankle/foot numbness, tingling, and pain. The patient also has constant moderate thoracic and lumbar spine pain. The note indicates that the patient has not undergone any evaluation or treatment of the pain in her thoracolumbar spine. The note indicates that the patient was sent for x-rays of bilateral ankles/feet, EMG/NCV testing, functional capacity evaluation, and MRI studies of the bilateral ankles. The note indicates that the MRI of the ankles showed partial thickness tears of the tibialis posterior tendon, Achilles tendonosis, tear of the left anterior talofibular ligament, soft tissue swelling, and Achilles tendonosis ankle mortise joint effusion and plantar calcaneal spur. The patient underwent EMG/NCV testing of the lower extremities on June 20, 2012. Physical examination identifies a negative straight leg raise, relatively normal lumbar range of motion, normal hip range of motion, hypesthesia in a stocking glove pattern throughout the ankles and feet, and normal reflexes. The diagnoses include lumbosacral spondylosis with low back pain, nonindustrial, bilateral lower extremity peripheral neuropathy, nonindustrial, status post crush injury of the right ankle and foot and left foot, probable peroneal tendinitis/minor tear, right ankle/foot, left foot posterior tibial tendinitis/tendon tear. Future medical care recommends oral anti-inflammatory, analgesic, muscle relaxing, and neuroleptic medications. Also, orthopedic surgery and/or podiatry re-examination may be necessary. The note goes on to state that it does not appear that MRI studies are currently necessary. A progress report dated November 19, 2013 indicates subjective complaints of pain in the right and left ankles including tingling and burning

pain in the ankle up to her leg. Objective findings identify tenderness to palpation in the ankle region. Assessment includes tarsal tunnel syndrome, tibial tendinitis, pain in the limb, difficulty walking, and degenerative arthritis. The treatment plan states that there is a possibility of disc derangement causing the ankle symptoms and nerve symptoms, "for this reason I will need an MRI of the lumbar spine before we can move forward with possible tarsal tunnel surgery. This will depend on the MRI results. I am requesting a lumbar spine MRI."

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine to rule out before tarsal tunnel surgery: 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, MRIs (magnetic resonance imaging)

Decision rationale: Regarding the request for lumbar MRI, Occupational Medicine Practice Guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. The ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any objective findings that identify specific nerve compromise on the neurologic exam. It seems reasonable to at least perform a thorough physical examination including a thorough neurologic exam to determine whether or not lumbar radiculopathy should be included in the differential diagnosis prior to requesting additional testing. Additionally, the employee has already undergone an EMG nerve conduction study to evaluate for the presence of lumbar radiculopathy. In the absence of clarity regarding those issues, the currently requested lumbar MRI is not medically necessary.