

<b>Case Number:</b>	CM13-0066298		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/08/2011
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Occupational Medicine 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:

The patient is an employee of [REDACTED], and has submitted a claim for low back and bilateral ankle pain with an industrial injury date of November 8, 2011. Treatment to date has included medications, physical therapy, pool therapy, injections, acupuncture, and right ankle surgery. A utilization review from December 9, 2013 denied the request for MRI of the thoracic spine and right ankle but has certified the request for MRI of the lumbar spine and NCV/EMG of the lower extremities. Medical records from 2012 through 2013 were reviewed, the latest of which was a follow-up report dated December 18, 2013, which showed that the patient mainly complained of lower back pain radiating to both lower extremities accompanied by numbness and weakness. He also complained of continued bilateral ankle pain, which was worse in the right ankle. On physical examination, there was note of spasm, tenderness, and guarding in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion. There was reported weakness in the patient's toe and heel walking bilaterally graded 4/5. He is also noted to ambulate with an antalgic gait. Recent progress reports did not indicate physical examination findings of both ankles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for one (1) MRI of the thoracic spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):Low Back-Lumbar and Thoracic (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Magnetic Resonance Imaging (MRI), Neck & Upper Back

**Decision rationale:** According to ODG Neck & Upper Back chapter and page 304 of the ACOEM Practice Guidelines Low Back Complaints Chapter, criteria for imaging studies include red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration of surgery. In this case, complete neurologic examination identifying specific nerve compromise was not included in the medical reports. In addition, it was not mentioned whether the patient is a candidate for surgery of the thoracic spine. Therefore, the request is not medically necessary.

**Prospective request for one (1) MRI of the right ankle:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Ankle and Foot (Acute and Chronic)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter, Magnetic Resonance Imaging (MRI)

**Decision rationale:** According to pages 372-374 of ACOEM Practice Guidelines Ankle and Foot Complaints Chapter, disorders of soft tissue yield negative radiographs and do not warrant other studies, e.g. MRI. In addition, ODG states that majority of patients with heel pain can be successfully treated conservatively, but in cases requiring surgery, MRI imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion. In this case, even though the most recent physical exams are non-specific, the patient presents with an extensive history of right ankle and foot pain. The patient's pain complaints have persisted despite a prolonged course of conservative management, and imaging is indicated. Therefore, the request was medically necessary.