MAXIMUS Federal Services

Case Number:	CM14-0118518		
Date Assigned:	08/06/2014	Date of Injury:	04/26/2013
Decision Date:	10/01/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/28/2014

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 Physical Medicine & Rehabilitation 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 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 61-year-old male with a reported date of injury on 04/26/2013. The injury reportedly occurred when the injured worker fell off of a ladder while reaching to repair the ceiling. His diagnoses were noted to include postlaminectomy syndrome of the lumbar region and lumbago. His previous treatments were noted to include physical therapy, surgery, and medications. The progress note dated 04/04/2014 revealed complaints of some pain across the low back, especially in the left side with dull discomfort radiating toward the buttocks and the left posterolateral thigh, but overall the legs were improved. The injured worker reported some residual numbness in his feet that he felt may slowly be improving. The injured worker appeared to have good strength in the lower extremities. The physical examination revealed a residual suture that may have been spitting out and the provider would try to get it out that day. The injured worker was able to heel and toe walk and motor strength was rated 5/5 with the exception of the right dorsiflexors and axis hallucis longus which are 4/5. X-rays were taken 01/06/2014 which showed pedicle fixation L3-5, some bone in the lateral gutters more visible on the left, no hardware loosening or residual spondylosis at L3-4. The provider indicated the injured worker would come back in 2 months with followup x-rays of the lumbar spine. The progress note dated 05/14/2014 revealed complaints of status post laminectomy and fusion. The injured worker reported he still had some pain across his low back and dull discomfort that radiated towards the buttocks and lateral thighs, but overall his legs had significantly improved. The physical examination revealed 5/5 strength distally including the right dorsiflexors and axis hallucis longus which were improved compared to the preoperative examination. There was slight decreased sensation over the right lateral calf and foot dorsum bilaterally. X-rays were taken 05/14/2014 and showed pedicle fixation L3-5, some bone in the lateral gutters more visible on the left, no hardware loosening or residual spondylosis at L3-4. The Request for

Authorization form was not submitted within the medical records. The request was for an x-ray of the right foot; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

Decision rationale: The injured worker complained of low back pain that radiated to the lower extremities. The California MTUS/ACOEM Guidelines state for most cases presenting with true foot and ankle disorders, special studies are not usually needed until after a period of conservative care and observation. Most ankle and foot problems improve quickly once any red flag issues are ruled out. Routine testing, such as laboratory tests, plain film radiographs of the foot or ankle, and special imaging studies are not recommended during the first of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. In particular, patients who have suffered ankle injuries caused by a mechanism that could result in a fracture can have radiographs if the Ottawa criteria are met. These will markedy increase the diagnostic yield for plain radiography. The Ottawa criteria are rules for foot and ankle radiographic series. An ankle radiographic series is indicated if the patient is experiencing in the malleolar area with tenderness at the posterior edge or tip of the lateral malleolus, tenderness at the posterior edge or tip of the medial malleolus, and inability to bear weight both immediately and in the emergency department. If the patient is experiencing pain in the mid foot area, and tenderness at the base of the 5th metatarsal, tenderness at the navicular bone, or inability to bear weight both immediately and in the emergency department. Radiographic evaluation may be performed if there is a rapid onset of swelling and bruising, if the patient's age exceeds 55 years, the injury is high velocity, in the case of multiple injury or obvious dislocation or subluxation, or if the patient cannot bear weight for more than 4 steps. The guidelines recommend radiography for metatarsal or toe fracture. In this case, there is a lack of clinical findings or red flags to warrant an x-ray of the right foot. Additionally, there is a lack of documentation regarding complaints, a physical examination or conservative therapy treatment applied to the right foot. Therefore, the request for an X-ray of the right foot is not medically necessary and appropriate.