

Case Number:	CM14-0154979		
Date Assigned:	09/25/2014	Date of Injury:	02/24/2009
Decision Date:	11/14/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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 Emergency 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 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 39-year-old female, who sustained an injury on February 24, 2009. The mechanism of injury occurred when she fell on a wet floor. Diagnostics have included: 2009 cervical MRI - results not noted; EMG/NCS dated March 31, 2014, reported as showing moderate bilateral carpal tunnel syndrome. Treatments have included: medications, physical therapy, chiropractic, acupuncture. The current diagnoses are: cervical strain/sprain with radiculopathy, thoracic strain/sprain, and lumbar strain/sprain with radiculopathy. The stated purpose of the request for MRI left foot was not noted. The request for MRI left foot was denied on August 25, 2014, citing a lack of documentation of symptoms or exam findings related to the left foot. Per the report dated July 30, 2014, the treating physician noted complaints of neck pain with radiation to the head, back and upper extremities; mid and low back pain with radiation to both feet. Exam findings included cervical paraspinal muscle hypertonicity, decreased cervical range of motion, decreased sensation to right C6 distribution, normal muscle strength and reflexes, lumbar paraspinal muscle hypertonicity, decreased lumbar range of motion, positive right-sided straight leg raising test, and decreased right L4 sensation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS ACOEM Guidelines, page 372, 375.ODG (Official Disability Guidelines): Ankle Chapter: MRI (magnetic resonance imaging)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 373-375. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Magnetic resonance imaging (MRI)

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 14, Ankle and Foot Complaints, Special Studies and Diagnostic and Treatment Considerations, Pages 373 - 375, and Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic), Magnetic resonance imaging (MRI), note that imaging studies are recommended for "Chronic ankle pain, suspected osteochondral injury, plain films normal; Chronic ankle pain, suspected tendinopathy, plain films normal; Chronic ankle pain, pain of uncertain etiology, plain films normal; Chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative therapy, plain radiographs showed accessory navicular; Chronic foot pain, athlete with pain and tenderness over tarsal navicular, plain radiographs are unremarkable; Chronic foot pain, burning pain and paresthesia along the plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome; Chronic foot pain, pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected; Chronic foot pain, young athlete presenting with localized pain at the plantar aspect of the heel, plantar fasciitis is suspected clinically." The injured worker has neck pain with radiation to the head, back and upper extremities; mid and low back pain with radiation to both feet. The treating physician has documented cervical paraspinal muscle hypertonicity, decreased cervical range of motion, decreased sensation to right C6 distribution, normal muscle strength and reflexes, lumbar paraspinal muscle hypertonicity, decreased lumbar range of motion, positive right-sided straight leg raising test, and decreased right L4 sensation. The treating physician has not documented symptom or exam evidence indicative of any of the criteria clinical situations noted above. The criteria noted above not having been met, MRI left foot is not medically necessary.