

Case Number:	CM14-0158497		
Date Assigned:	10/02/2014	Date of Injury:	10/08/2013
Decision Date:	10/28/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine and is licensed to practice in Ohio. 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 33-year-old female who had a heavy door strike her on the backside and then fall onto her on October 8, 2013. This resulted in right foot and low back pain radiating into the left buttocks. X-rays were not performed because of a positive pregnancy status. She's been treated conservatively with Tylenol, physical therapy, and 6 acupuncture and chiropractic treatments. Only the initial acupuncture note is present in the records available for review. Her physical exam on February 13, 2014 reveals tenderness to palpation of the lumbar spine, slight improvement in range of motion, a tender right foot arch, and a tender navicular tubercle of the right foot. The ranges of motion of the lumbar spine were given as flexion 35, extension 10, lateral flexion to the right 10, left lateral flexion 10, right rotation 12, left rotation 12, a positive Kemp's sign, straight leg raise, Milgram's sign, Ely's sign, and Braggard's were noted. Left-sided plantar flexion strength was given a 3+ /5 without measurements of strength elsewhere. This physical exam was done after 6 acupuncture and chiropractic sessions were completed. The diagnoses are lumbar strain/sprain with radiculopathy and plantar fasciitis. No objective ranges of motion measurements are available for review prior to February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and Foot Chapter, Acupuncture; Low Back Chapter, Acupuncture

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definition of Functional Improvement, Page(s): 1. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Acupuncture

Decision rationale: Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. Acupuncture has been found to be more effective than no treatment for short-term pain relief in chronic low back pain, but the evidence for acute back pain does not support its use. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. In this instance, there has been no objective evidence documented for functional improvement especially as it relates to previous acupuncture therapy. Therefore, 8 Acupuncture Visits are not medically necessary.

Magnetic Resonance Imaging (MRI) of the Lumbar Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (Lumbar & Thoracic), MRI (magnetic resonance imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI

Decision rationale: Per the ODG, an MRI scan of the lumbar spine is indicated for uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. In this instance, the injured worker has had conservative therapy for a time period exceeding a month. Additionally, her clinical findings support the presence of a radiculopathy. Therefore, magnetic resonance imaging (MRI) of the lumbar spine is medically necessary.

Magnetic Resonance Imaging (MRI) of the Right Foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, magnetic resonance imaging (MRI)

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

Decision rationale: An MRI scan of the foot is indicated per ODG under the following circumstances: 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 paresthesias 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. In this instance, there is no evidence that the injured worker had plain radiographs of the foot ever done. There is documentation that the injured worker was supposed to obtain clearance from her gynecologist for the x-rays. That appears not to have happened. It is not uncommon and is generally safe for pregnant females to have radiographs of a distal extremity with appropriate abdominal shielding. There is no explanation in the notations as to why plain radiographs were never accomplished such as refusal to grant permission from the obstetrician. Therefore, absent plain radiographs, the medical necessity for an MRI scan of the right foot cannot be established. The request for Magnetic Resonance Imaging (MRI) of the Right Foot is not medically necessary.