

Case Number:	CM14-0179014		
Date Assigned:	11/03/2014	Date of Injury:	04/17/2012
Decision Date:	12/09/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/28/2014

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 and Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 53-year-old male with a date of injury of 04/17/2012. The listed diagnoses per [REDACTED] are: 1. MRI scan that showed annular disk bulge and protrusion at L4-L5. 2. Lumbosacral radiculopathy. 3. Left cervical radiculopathy. 4. Left partial tear at distal Achilles tendon on left side. According to progress report 08/28/2014, the patient presents with pain and discomfort involving his low back and legs. He has left ankle and foot pain as well. Examination of the lumbar spine revealed tenderness to palpation with decreased range of motion. Straight leg raise test is positive bilaterally. Examination of the left ankle revealed neurological deficit in the big thumb, 2nd and 3rd toe on the left side. He is unable to dorsiflex, and there is weakness throughout. The treater recommended an MRI of the left ankle and foot for further examination. Utilization review denied the request on 10/07/2014. Treatment reports from 03/19/2014 through 08/28/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI joint of lower exterior without dye: Upheld

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

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 chapter, MRI

Decision rationale: This patient presents with low back and left ankle/foot pain. This is a request for magnetic resonance imaging (MRI) of joint of lower extremity without dye. The Request For Authorization (RFA) form as well as the progress report from 8/28/14 are requesting MRI of the left foot/ankle. Official Disability Guidelines (ODG) Guidelines under its ankle and foot chapter has the following regarding MRI, imaging is indicated due to chronic ankle pain if plain films are normal and there is suspected osteochondral injury, suspected tendinopathy or pain of uncertain etiology. In this case, review of the medical file indicates the patient had an MRI of the left ankle on 05/22/2014 which revealed "chronic partial tear and/or inflammation of the distal Achilles tendon for a 2 cm segment extending to approximately 2 cm above its insertion on the greater tuberosity of the posterior os calcis. Small posterior calcaneal spur. Small talocalcaneal joint effusion of undetermined etiology." Repeat MRI is not routinely recommended and should be reserved for significant changes in symptoms and/or findings suggestive of significant pathology. In this case, the treater does not discuss significant change upon examination, and there is no change in diagnosis to warrant a repeat MRI. The treater does not explain why a repeat MRI is needed either. The requested treatment is not medically necessary and appropriate.