

Case Number:	CM14-0184411		
Date Assigned:	11/10/2014	Date of Injury:	08/09/2012
Decision Date:	12/26/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/04/2014

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 54 years old female with an injury date on 08/09/2012. Based on the 09/17/2014 progress report provided by the treating physician, the diagnoses are: 1. Left lumbar radiculitis with L5-S1 disc disruption. 2. Left lateral epicondylitis. 3. Depression. 4. Insulin treated diabetes-poorly controlled. 5. Gastroesophageal reflux disease. 6. Painful left foot. According to this report, the patient complains of left foot pain and left elbow pain. Physical exam reveals "left leg guarded with antalgic. Lumbar spine is tender with positive Lasegue, some left leg weakness, and there is moderate left lateral foot tenderness." Elbow exam reveals moderate to severe tenderness at the left lateral epicondyle. Cozen test is positive. The 08/06/2014 report indicates the patient "has developed left lateral foot pain and tenderness as a result of the abnormal gait. X-ray has been negative." There were no other significant findings noted on this report. The utilization review denied the request on 10/07/2014. The requesting provider provided treatment reports from 03/04/2014 to 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI JNT of lower extremity 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 & foot chapter, MRI

Decision rationale: According to the 09/17/2014 report, this patient presents with left foot pain and left elbow pain. The treater is requesting MRI JNT of lower extremity without DYE "for diagnostic purpose with severe left lateral foot pain." Regarding MRI of the foot/ankle, ODG guidelines state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicula tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. In this case, the patient does not present with pain and tenderness over the navicular tuberosity or the tarsal navicular or pain in the 3-4 web space with paresthesias. There is no indication for the imaging studies. Therefore, the request is not medically necessary and appropriate.