

<b>Case Number:</b>	CM14-0029356		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/12/2014
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 and is licensed to practice in Texas and New York. 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 55-year-old female with a reported date of injury on 01/12/2014. The injury reportedly occurred when the injured worker slipped and fell on the wet floor. The injured worker presented with complaints of pain in the neck, upper back, mid back, low back, right arm, left leg, and left ankle. The injured worker rated her pain at 8/10. Upon physical examination, the injured worker's lumbar spine range of motion revealed flexion to 40 degrees, extension to 15 degrees, bilateral side bending to 20 degrees, and rotation was limited. In addition, the injured worker presented with tenderness to palpation over the bilateral lumbar paraspinal muscles. The physician indicated there was a negative lumbar facet loading maneuver bilaterally. Examination of the left ankle revealed that it was swollen with acute tenderness to palpation over the medial and lateral malleoli. Within the clinical note dated 03/31/2014, the physician indicated that the sensory exam revealed grossly intact to light touch and pinprick throughout the lower extremities. The lumbar spine MRI on 02/24/2014 revealed no significant incidental findings. The MRI of the left foot dated 06/12/2014 noted distal tibialis posterior tendinosis without tear. The clinical information provided for review indicates that the injured worker underwent previous physical therapy, the results of which were not provided within the documentation available. The injured worker's diagnoses included lumbar radiculitis and possible left ankle fracture. The injured worker's medication regimen was not provided within the documentation available for review. The Request for Authorization for MRI of the left foot and electromyography (EMG) of the lower extremity was not submitted. The rationale was not provided within the clinical information available for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the Left Foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle-Foot Chapter.

**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, Magnetic Resonance Imaging (MRI).

**Decision rationale:** The Official Disability Guidelines recommend magnetic resonance imaging as indicated. The indications for imaging would include chronic foot pain, pain and tenderness over navicular tuberosity unresponsive to conservative care, burning pain and paresthesias along the plantar surface of the foot and toes, or suspicion of tarsal tunnel syndrome. In addition, the indications would be chronic foot pain, pain in the 3 to 4 web space with radiation to the toes, Morton's neuroma is clinically suspected, or young athlete presenting with localized pain at the plantar aspect of the heel. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci, and joint cartilage structures, than x-ray or computed axial tomography in the evaluation of traumatic or degenerative injuries. According to the clinical note dated 03/31/2014, the injured worker's diagnoses included possible left ankle fracture. In addition, the clinical information indicated that the injured worker's sensory exam was grossly intact to light touch and pinprick throughout the lower extremities. The rationale for the request of the MRI of the left foot was not provided within the clinical information available for review. Therefore, the request for the MRI of the left foot is non-certified.

**Electromyography (EMG) of the Lower Extremity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, EMG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The California ACOEM Guidelines state that electromyography (EMG) may be useful to identify subtle, focal neurological dysfunction in patients with low back symptoms lasting more than 3 weeks or 4 weeks. When the neurological examination is less clear, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. The documentation provided for review indicates that the sensory exam was grossly intact to light touch and pinprick throughout the lower extremities. The lumbar MRI dated 02/24/2014 revealed no significant incidental findings. There was a lack of

documentation related to the injured worker's straight leg raise exam. Therefore, the request for electromyography (EMG) of the lower extremity is non-certified.