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| <b>Case Number:</b>   | CM14-0068925 |                              |            |
| <b>Date Assigned:</b> | 07/14/2014   | <b>Date of Injury:</b>       | 09/10/1996 |
| <b>Decision Date:</b> | 09/10/2014   | <b>UR Denial Date:</b>       | 04/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/12/2014 |

### 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 Occupational 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:

This patient is a 68 y/o female who has developed chronic spinal pain subsequent to an injury dated 10/10/95. She has been diagnosed with degenerative joint and disc disease involving the cervical and lumbar spine. The treating physicians note states that there is left leg pain, but there is no documented history of its characteristics and there is no documentation of an exam of the ankle. Treatment has consisted of trigger point injections and oral analgesics for the pain related to the spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**X-RAYS OF LEFT ANKLE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 14 Ankle and Foot Complaints Page(s): 32-33, 372-372.

**Decision rationale:** MTUS Guidelines state that there has to be at least a focused history and examination if there is any treatment to be recommended

and testing to be ordered. In addition, Guidelines do not recommend X-ray testing of the ankle unless specific diagnosis is considered and/or there has been a failure of conservative care. The requesting physician does not document any mechanism of injury, any pain characteristics, any potential diagnosis, or a focused physical exam. Now the request for ankle x-rays does not meet MTUS standards therefore this request is not medically necessary.