

Case Number:	CM14-0095497		
Date Assigned:	07/23/2014	Date of Injury:	03/15/2006
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/23/2014

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 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 66 year old male who developed persistent low back pain after a slip and fall on 3/15/06. He subsequently developed a severe right sided lumbar radiculopathy and had decompressive surgery with spinal fusion from L4-S1. Subsequently, he has been diagnosed with post laminectomy syndrome and is being treated with oral analgesics which include, Topomax, Percocet, Cymbalta, Celebrex and Buprion. He was scheduled for repeat spinal surgery when right, greater than left, leg pain worsened and he was diagnosed with deep vein thrombosis. The surgery was canceled and he was placed on Pradaxa as the anti-coagulant. The right sided deep vein thrombosis has been persistent on repeat ultrasound studies. The left leg was reported to be clear of thrombosis. The ankle is reported to be tender and swollen. Due to increased left ankle discomfort an ankle MRI was requested. There is no documentation of a mechanism of injury or tentative diagnosis. The actual narrative associated with the request is not included in the materials for review. Utilization Review summarizes the treater's narrative.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Left Ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot (updated 03/26/14).

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, Magnetic Resonance Imaging.

Decision rationale: Both ACOEM and ODG Guidelines recommend MRI testing of the ankle if a significant traumatic or degenerative injury is suspected. The documentation presented for review does not document any suspected traumatic injury or remote degenerative injury that would cause a sudden increase in pain and swelling in the ankle. The request does not meet Guideline recommendations for the requested MRI testing. In addition, there are no unusual circumstances presented that would justify an exception to the Guidelines. The request for the ankle MRI is not medically necessary.