

Case Number:	CM14-0193522		
Date Assigned:	12/01/2014	Date of Injury:	02/13/2007
Decision Date:	01/13/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family Medicine and is licensed to practice in Ohio. 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 45-year-old female who had continuous trauma from February 13, 2007 until September 21, 2007. She developed severe pain in the ankles and heels. She was diagnosed with plantar fasciitis, tarsal tunnel syndrome, and a right foot ganglion cyst. She was treated with splints, orthotics, anti-inflammatories, physical therapy, etc. but remained and has remained symptomatic. It is also noteworthy that in 2007 she complained of numbness the upper right thigh. Because of this and a history of back pain, an MRI scan was performed of the lumbar spine which was entirely unremarkable. She also had electrodiagnostic studies of the lower extremities at that time which are also normal. Because of the continued burning nature of the pain in the ankles and feet electrodiagnostic studies and a lumbar MRI scan were again repeated at the end of 2013 and early 2014. Again those studies were said to be normal. On September 22, 2014 the injured worker was evaluated by an orthopedic surgeon and was complaining of back pain. She was found to have tenderness and spasm of the paraspinal musculature the lumbar region, tenderness of the sciatic notches, and diminished sensation of the right-sided L5 dermatome. Lower extremity strength and straight leg raise testing was normal. She continued to have tenderness to palpation of the plantar fascia, the medial and lateral malleolus bilaterally, and the anterior tibial fibular ligament and peroneal ligament bilaterally. On this basis, the treating physician ordered another lumbar spine MRI study and lower extremity electrodiagnostic studies. The diagnoses include plantar fasciitis, lumbar radiculitis, depression and anxiety, tarsal tunnel syndrome, and ganglion cyst of the right foot. The injured worker is currently awaiting definitive surgery for plantar fasciitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI

Decision rationale: MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (eg, tumor, infection, fracture, neurocompression, recurrent disc herniation). In this instance, it is debatable as to whether or not the injured worker has had a substantial change in her symptomatology as back pain has prompted at least 2 other MRI scans previously, each of which was said to be normal. It was felt by her treating podiatrist that her back issues were secondary to abnormal gait mechanics as a consequence of the plantar fasciitis. The numbness of the right thigh was noted previously in 2007 at which time no conclusions were drawn regarding the source. The most recent request for an MRI scan of the lumbar spine and appears to have arisen the same day as an initial orthopedic evaluation for back pain in 2014. There is no evidence that conservative treatment had occurred for her back pain, for example physical therapy. It cannot be said that the injured worker has a severe or progressive neurologic deficit considering the numbness of the right thigh had been noted previously in 2007 and in view of the fact that the lower extremity neurologic exam is otherwise normal. Therefore, an MRI scan of the lumbar spine at this juncture is not medically necessary per the cited guidelines.