

Case Number:	CM14-0199190		
Date Assigned:	12/09/2014	Date of Injury:	08/07/2013
Decision Date:	01/26/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/26/2014

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 Rehab, 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:

This patient is a 56 year old female with a date of injury of 8/7/13. According to progress report dated 11/4/14, the patient presents with chronic neck pain with radicular symptoms down the bilateral lower extremities. The examination findings on this date are hand written and illegible. It was noted that the patient received a cervical epidural steroid injection on 10/20/14 which helped decrease radicular symptoms by 40-80 percent with noted decrease in headaches. Physical examination on 8/20/14 noted guarding and spasms in the bilateral trapezius. Spurling's test is positive bilaterally and there is decrease in range of motion in all planes. The listed diagnoses are cervical spine strain with radiculitis, status post Mumford, right elbow (illegible) and bilateral foot plantar fasciitis with bilateral lower extremity (illegible). Request for authorization (RFA) dated 11/4/14 requests medications, Urine drug screen and "bilateral foot dx ultrasound." The Utilization review denied the request on 11/13/14. Treatment reports from 12/11/13 from 11/4/14 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral foot diagnostic ultrasound: 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 and Foot

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 (Acute & Chronic) Chapter, Ultrasound, diagnostic

Decision rationale: This patient presents with chronic neck pain with radicular symptoms down the bilateral lower extremities. The request is for bilateral foot diagnostic ultrasound. The Official Disability Guidelines under the Ankle & Foot chapter have the following regarding Ultrasound diagnostic, "Recommended. With proper expertise ultrasound may replace MRI. (ACR-foot, 2002) Compared with MRI, diagnostic ultrasound is useful but less accurate and sensitive." Indications for imaging include, chronic foot pain with burning pain and paresthesias along plantar surface of the foot and toes, suspected of having tarsal tunnel syndrome, chronic foot pain in the 3-4 web space with radiation, Morton's neuroma is clinically suspected, or chronic pain in young athletes. The treating physician has provided a diagnosis of "bilateral foot plantar fasciitis" and has requested an ultrasound for diagnostic purpose. In this case, there is no physical examination of the feet and no discussion of chronic pain with any of the indications addressed above. The requested ultrasound is not medically necessary.