

Case Number:	CM15-0139376		
Date Assigned:	07/29/2015	Date of Injury:	05/01/2014
Decision Date:	08/31/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Emergency Medicine

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 29 year old male with an industrial injury dated 05/01/2014. The injured worker's diagnoses include right ankle sprain/strain and lumbar sprain/strain. Treatment consisted of periodic follow up visits. In a progress note dated 06/17/2015, the injured worker reported persistent low back and right ankle/foot pain. Objective findings revealed decreased lumbar range of motion with positive straight leg raise and tenderness to palpitation with muscle guarding in the paraspinal musculature. Right ankle exam revealed decrease range of motion associated with tenderness to palpitation over the tibiotalar joint and over the lateral aspect of the right ankle. The treating physician prescribed services for MRI of lumbar spine, MRI of right ankle and Chiropractic/physiotherapy 2x3, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of right ankle: 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), MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is no noted neurologic dysfunction. There is no basic imaging provided or documented. Pt only has chiropractic done with no documentation of any actual conservative therapy done. There is no justification documented for why MRI of ankle was needed. MRI of ankle is not medically necessary.

MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), MRI examinations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

Decision rationale: As per ACOEM Guidelines, imaging studies should be ordered in event of "red flag" signs of symptoms, signs of new neurologic dysfunction, clarification of anatomy prior to invasive procedure or failure to progress in therapy program. Patient does not meet any of these criteria. There is no documented red flag findings in complaints or exam. There is no noted neurologic dysfunction. There is no basic imaging provided or documented. Pt only has chiropractic done with no documentation of any actual conservative therapy done. There is no justification documented for why MRI of lumbar spine was needed. MRI of lumbar spine is not medically necessary.

Chiropractic/physiotherapy 2x3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Page(s): 58-59. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: As per MTUS Chronic pain guidelines, chiropractic may be trialed with any additional sessions only recommended if there is documentation of objective improvement in pain and function. Documentation fails to support any objective benefit from sessions already received. There are only subjective claims of vague improvements. Chiropractic is not medically necessary.