

Case Number:	CM15-0034058		
Date Assigned:	02/27/2015	Date of Injury:	01/18/2014
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 55 year old female, who sustained an industrial injury on 01/18/2014. She has reported sustaining injuries to the right foot ankle and heel and left foot and heel secondary to a truck that rolled back and ran over her right leg causing her to fall on the floor. Diagnoses include dorsal lumbosacral strain and sprain, rule out herniated nucleus pulposus, internal derangement of both knees, and rule out medical meniscus to the right and left knee. Treatment to date has included magnetic resonance imaging of the left ankle, magnetic resonance imaging of the right ankle, chiropractic care, magnetic resonance imaging of the right foot, magnetic resonance imaging of the left foot, medication regimen, and physical therapy. In a progress note dated 12/01/2014 the treating provider reports tenderness, pain, and swelling to the bilateral ankles. The treating physician requested urine toxicology and a magnetic resonance imaging of bilateral feet and ankles, but the documentation provided did not indicate the reason for the requested study. On 01/23/2015 Utilization Review non-certified the requested treatments of urine toxicology screen and magnetic resonance imaging of the right foot and ankle, noting the California Medical Treatment Utilization Schedule, 2009: Chronic Pain, pages 43, 68, and 111 and American College of Occupational and Environmental Medicine, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 14, pages 372 to 374.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Tox screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374, Chronic Pain Treatment Guidelines Drug Screen Testing Page(s): 43, 68, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioid management Page(s): 77. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The 55 year old patient complains of bilateral foot and ankle pain, as per progress report dated 12/01/14. The request is for URINE TOX SCREEN. The RFA for the case is dated 12/01/14, and the patient's date of injury is 01/18/14. In another progress report dated 12/01/14, the patient complains of swollen right leg and painful left leg. Diagnoses included dorsal lumbosacral strain and sprain, internal derangement of bilateral knees, and r/o bilateral medial meniscus tear. Medications included Ibuprofen, Prilosec, Gaba creams, Lidocaine, Cyclobenzaprine, and Flurbiprofen. The patient has returned to work with light duties, as per progress report dated 12/01/14. MTUS p77, under opioid management: (j) "Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." ODG has the following criteria regarding Urine Drug Screen: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." In this case, the request for urine toxicology is noted in progress report dated 12/01/14. However, the treating physician does not document the use of opioids. There is no discussion regarding the purpose of the test, prior urine toxicology screens, and the patient's risk of dependence. Hence, the request IS NOT medically necessary.

MRI Right foot and ankle: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines chapter 'Ankle & Foot' and topic 'Magnetic resonance imaging (MRI).

Decision rationale: The 55 year old patient complains of bilateral foot and ankle pain, as per progress report dated 12/01/14. The request is for MRI RIGHT FOOT AND ANKLE. There is no RFA for this request, and the patient's date of injury is 01/18/14. In another progress report dated 12/01/14, the patient complains of swollen right leg and painful left leg. Diagnoses

included dorsal lumbosacral strain and sprain, internal derangement of bilateral knees, and r/o bilateral medial meniscus tear. Medications included Ibuprofen, Prilosec, Gaba creams, Lidocaine, Cyclobenzaprine, and Flurbiprofen. The patient has returned to work with light duties, as per progress report dated 12/01/14. Regarding MRI of the foot/ankle, ODG guidelines, chapter 'Ankle & Foot' and topic 'Magnetic resonance imaging (MRI)', state that imaging is indicated due to chronic foot pain if plain films are normal and there is pain and tenderness over navicular tuberosity or the tarsal navicular with burning pain and paresthesias along the plantar surface of the foot and toes to suspected of having tarsal tunnel syndrome or pain in the 3-4 web space with radiation to the toes, Morton's neuroma is clinically suspected. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient has already had an MRI of the right foot on 01/07/15, after the request date, which revealed subchondral cyst formation base of the third metatarsal, osseous overgrowth of the first metatarsal, and osteoarthritic first metatarsal joint. MRI of the right ankle, dated 01/14/15, revealed soft tissue edema, posterior tibialis tenosynovitis, and plantar calcaneal spurring. The request for MRI of right foot and ankle is noted in progress report dated 12/01/14. The treater does not explain the purpose of the MRI. However, the patient has chronic pain, swelling, tenderness and contusion in the affected parts, as per the same progress reports. Hence, the request was reasonable and IS medically necessary.