

<b>Case Number:</b>	CM15-0045899		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	11/24/2014
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 36 year old female, who sustained an industrial injury on November 24, 2014. She has reported neck pain, left arm pain, left wrist pain, lower back pain, and left ankle pain. Diagnoses have included cervical spine strain, left shoulder strain, left wrist strain, left ankle strain, myofascial pain, lumbar spine strain/sprain, and left shoulder labral tear. Treatment to date has included medications, physical therapy, bracing, and imaging studies. A progress note dated January 20, 2015 indicates a chief complaint of neck pain with numbness and tingling, radiation of neck pain to the left hand, left shoulder pain, left wrist pain with numbness and tingling, left lower back pain, numbness and tingling of the left leg, and left ankle pain. The treating physician documented a plan of care that included x-ray of the left ankle, Podiatry evaluation, magnetic resonance imaging of the lumbar spine, therapy, medications, and follow up in three weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Consult with a podiatrist (left ankle):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** The ACOEM Chapter 14 on Ankle and Foot complaints indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support a referral to a podiatrist. Therefore at this time the requirements for treatment have not been met, and medical necessity has not been established.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Low Back Procedure Summary, Indications for magnetic resonance imaging.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation ODG, Low Back Procedure Summary, Indications for MRI.

**Decision rationale:** Notes that unequivocal objective findings that indentify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in injured workers who do not respond to treatment and who would consider surgery and option. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. ODG, Low Back Procedure Summary, Indications for MRI: Thoracic spine trauma with neurological deficit. Lumbar spine trauma with neurological deficit. Lumbar spine trauma, seat belt (chance) fracture (if focal , radicular findings or other neurologic deficit) Uncomplicated low back pain: suspicion of cancer, infection or "other red flags". Uncomplicated low back pain, with radiculopathy, after at least 1 month conservative therapy, sooner if severe or progressive neurologic deficit. Uncomplicated low back pain, prior lumbar surgery. Uncomplicated low back pain, cauda equina syndrome. Myelopathy (neurologic deficit related to spinal cord), traumatic. Myelopathy, painful. Myelopathy, sudden onset. Myelopathy, stepwise progressive. Myelopathy, slowly progressive. Myelopathy, infectious disease injured worker. Myelopathy, oncology injured worker. According to the documents available for review, the injured worker exhibits none of the aforementioned indications for lumbar MRI nor does he have a physical exam which would warrant the necessity of an MRI. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established. Therefore this treatment is not medically necessary.