

Case Number:	CM15-0056871		
Date Assigned:	04/01/2015	Date of Injury:	03/18/2013
Decision Date:	05/07/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/25/2015

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, Hawaii
 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 45 year old female, who sustained an industrial injury on 3/18/2013. She reported cumulative injuries with no specific injury noted. The injured worker was diagnosed as having lumbosacral neuritis, lumbago, status post-surgery for left foot plantar fasciitis and synovitis of the calcaneal-cuboid joint. Magnetic resonance imaging (8/27/2014) of the left foot was within normal limits. Treatment to date has included injections, TENS (transcutaneous electrical nerve stimulation), physical therapy and medication management. In a progress note dated 3/4/2015, the injured worker complains of constant low back pain with radiation to the bilateral lower extremities. The treating physician is requesting a left foot magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot (Acute & Chronic).

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.

Decision rationale: The patient has ongoing complaints of left foot pain and secondary lower back pain. The current request is for an MRI of the left foot. The records indicate that a previous MRI of the left foot dated 10/7/14 was normal. The MTUS guidelines are silent regarding repeat MRI. The ODG states that a repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and/or findings suggestive of significant pathology. In this case, the patient has persistent left heel pain. She is status post surgical intervention for left plantar fasciitis. A previous MRI scan of the left foot was normal according to the records. The records also indicate that an MRI of the lumbar spine was authorized. The available records fail to establish medical necessity for a repeat MRI of the left foot at this time as the diagnosis seems straight forward. As such, recommendation is for denial and not medically necessary.