

Case Number:	CM15-0083855		
Date Assigned:	05/06/2015	Date of Injury:	08/31/2006
Decision Date:	06/04/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 70 year old female, who sustained an industrial injury on 8/31/06. She reported pain in the cervical spine, low back, and left foot. The injured worker was diagnosed as having left foot neuralgia and lumbar herniated nucleus pulposus. Treatment to date has included 3 lumbar spine surgeries, L3-5 epidural steroid injection, and left foot synovectomy of flexor tendon and excision of Morton's neuroma on 7/24/13. Currently, the injured worker complains of back pain and left leg pain. The treating physician requested authorization for a MRI of the left foot.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 368.

Decision rationale: The MTUS ACOEM guidelines discuss imaging modalities in cases of stress fractures. While the patient is not noted to have a history of repetitive load, there is metatarsal pain and point tenderness noted with weight bearing on exam. In cases where ruling out a stress fracture is necessary, the MTUS guidelines list bone scan or spiral CT as imaging modalities of choice, with radiographs typically positive later in the course. While an MRI may be an appropriate modality, there is no evidence in the provided records that other imaging has been attempted prior to the request for MRI, and therefore the request is not considered medically necessary at this time.