

Case Number:	CM14-0114784		
Date Assigned:	08/04/2014	Date of Injury:	03/02/2014
Decision Date:	11/13/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 46-year-old male that was injured on 3/2/2014. The diagnoses are low back and feet pain. On 5/12/2014, [REDACTED] noted subjective complaints of low back pain radiating to the left leg. The pain score was 10/10 on a scale of 0 to 10. There was objective finding of antalgic gait and positive straight leg raising test. The medications are ibuprofen and tramadol for pain and Flexeril for muscle spasm. The patient completed PT on the lumbar spine in March 2014. On 4/1/2014, [REDACTED] noted that the right ankle and plantar pain had completely resolved. A Utilization Review determination was rendered on 6/26/2014 recommended as not medically necessary for MRI of the Right Foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Right Foot: 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) for Ankle and Foot, MRI

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Leg and Foot

Decision rationale: The CA MTUS did not full address the use of MRI in the evaluation of chronic musculoskeletal disorders. The ODG guidelines recommend the MRI can be utilized in the evaluation of musculoskeletal disorders when additional information on ligamentous or neurological deficits was required. The records indicate that the right foot injury had completely resolved by April 2014. There are no subsequent subjective or objective findings related to a right foot, ankle, or plantar pain pathology that would require an MRI evaluation. The criteria for MRI of the right foot were not met.