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| Case Number: | CM14-0137563 | | |
| Date Assigned: | 09/22/2014 | Date of Injury: | 08/24/2009 |
| Decision Date: | 10/23/2014 | UR Denial Date: | 08/18/2014 |
| Priority: | Standard | Application Received: | 08/25/2014 |

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 Occupational Medicine and is licensed to practice in California. 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 44-year-old male who has submitted a claim for pain in joint involving ankle and foot and thoracic/lumbosacral neuritis/radiculitis associated with an industrial injury date of 08/24/2009. Medical records from 01/06/2014 to 08/27/2014 were reviewed and showed that patient complained of low back and right foot pain. Physical examination revealed tenderness over right L2-S1 paraspinal muscles with spasm and decreased lumbar ROM (range of motion). Complete neurologic evaluation was not made available. Physical examination of the right foot revealed tenderness over dorsum of right foot. Of note, review of recent medical records did not show significant change in physical exam findings of lumbar spine and right foot. There was no discussion of suspicion of tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis concerning right foot pain. CT scan and X-ray of the lumbar spine dated 08/06/2014 revealed disc prosthesis placement at L4-L5 otherwise unremarkable. X-ray of the right foot dated 03/09/2011 was unremarkable. MRI of the right foot dated 09/08/2010 revealed possible ganglion cyst. Treatment to date has included L4-5 disc replacement surgery (08/30/2011), right dorsal foot mass excision (06/09/2013), Norco, Vicodin, Duexis, chiropractic treatment, and physical therapy. There was no objective documentation of functional outcome from physical therapy, chiropractic treatment, and pain medications. Utilization review dated 08/18/2014 denied the request for MRI of lumbar spine because there was no presenting evidence of physiologic study showing evidence of radiculopathy. Utilization review dated 08/18/2014 denied the request for MRI of right foot because there was no specific diagnosis for which an imaging study was needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter MRI

Decision rationale: As stated on pages 303-304 of the ACOEM Practice Guidelines referenced by CA MTUS, imaging of the lumbar spine is recommended in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise, failure to respond to treatment, and consideration for surgery. In addition, Official Disability Guidelines recommends MRI for the lumbar spine for uncomplicated low back pain, with radiculopathy, after at least 1 month of conservative therapy, sooner if severe, or progressive neurologic deficit. In this case, patient complained of low back pain. There was no available complete neurologic evaluation to identify specific nerve compromise or progressive neurologic deficit. There was no documentation of functional outcome from physical therapy, chiropractic treatment, and pain medications as well to indicate treatment failure. There is no clear indication for lumbar spine MRI at this time. Therefore, the request for MRI of the lumbar spine is not medically necessary.

MRI of the right 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 and Foot Chapter, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot chapter, Magnetic resonance imaging (MRI)

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for MRI of ankle/foot is indicated for chronic ankle pain with normal plain films and suspicion of osteochondral injury or tendinopathy, or due to uncertain etiology; and chronic foot pain with suspicion of tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis. 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 complained of right foot pain with history of dorsal foot mass excision (06/09/2013). Review of recent medical records did not show significant change in physical exam findings of right foot. Furthermore, there was no discussion of suspicion of tarsal tunnel syndrome, Morton's neuroma, or plantar fasciitis concerning right foot pain. There was no clear indication for foot MRI at this time. Of note, an MRI of the right foot

was already done on 09/08/2010 with findings of possible ganglion cyst. There was no discussion as to why repeat foot MRI is needed. Therefore, the request for MRI of the right foot is not medically necessary.