

Case Number:	CM14-0161099		
Date Assigned:	10/06/2014	Date of Injury:	05/26/2011
Decision Date:	10/30/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/01/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 59 year old male with date of injury 5/26/11 that affected his left ankle. The treating physician report dated 9/8/14 indicates that the patient presents for evaluation of the left leg and has been treated for an Achilles tendinitis. During aqua-therapy the patient developed pain that ran behind his calf all the way up into his leg and he is now having numbness in the dorsum and plantar aspect of his foot. The physical examination findings reveal resolved tendinitis, positive straight leg raise, patella tendon reflexes are 3/4 and symmetric bilaterally with decreased sensation over the dorsum of the foot and plantar aspect of the foot. The current diagnoses are: 1.Sciatica, left leg, new onset, possibly secondary to herniated lumbar disc2.Resolved Achilles tendinitis, left legThe utilization review report dated denied the request for MRI of the lumbar spine without contrast based on the ACOEM guidelines and absence of red flags.

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 without contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low back chapter chapter; MRI

Decision rationale: The patient presents with an initial injury of the left ankle with treatment of Achilles tendinitis that was resolved with therapy. The patient developed pain that ran behind his calf all the way up into his leg and he is now having numbness in the dorsum and plantar aspect of his foot. The treating physician felt that the new pain could be caused by a herniated disc that occurred while doing aqua therapy (high knee steps in water) during treatment of the Achilles tendinitis. The MTUS guidelines do not address lumbar spine MRI scans. The ODG guidelines lumbar chapter indicates MRI scans for patients with lower back pain with radiculopathy, suspicion of cancer, infection and other red flags. The treater in this case has not presented any evidence of any progressive neurological deficit or red flags. There is no report of any back pain, spine trauma or myelopathy; there is only reports of new leg pain and numbness. There are no current neurologic deficits, no red flags and the ODG guidelines do not recommend MRI scans without at least one month of conservative therapy. The request is not medically necessary.