

Case Number:	CM14-0165368		
Date Assigned:	10/10/2014	Date of Injury:	03/19/2010
Decision Date:	11/13/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/07/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 19, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; a TENS unit; and apparent return to work as a carpenter at one point over the course of the claim. In a Utilization Review Report dated September 9, 2014, the claims administrator denied a request for MRI imaging of the left ankle and also denied a request for TENS patches. The claims administrator stated that it was basing its denial of the TENS patches on an earlier unfavorable Utilization Review Report. The claims administrator stated that it was denying the ankle MRI owing to the attending provider's reportedly inadequate rationale. In a medical-legal evaluation dated June 5, 2013, it was suggested that the applicant was working full time as a carpenter as of this point in time. The applicant stated that he was having difficult performing some of the carpentry work and was trying to transition to a supervisory role. In a March 24, 2014 progress note, the applicant was given refills of tramadol, topiramate, Prilosec, LidoPro, and TENS unit patches. 5/10 pain was noted. The applicant stated that the TENS unit was helpful in managing the applicant's pain complaints. The applicant was described as permanent and stationary. A podiatry follow-up visit was sought. In an April 29, 2014 podiatry consultation, the applicant was described as having persistent complaints of ankle pain, aggravated by activities and alleviated by rest status post earlier ORIF surgery of a fracture. The attending provider noted that the applicant had osteopenia noted on x-rays of the same. It was stated that the applicant had physical evidence of ankle joint synovitis with possible osteochondritis dissecans and/or loose body. MRI imaging was proposed to help determine the need for either an ankle arthroscopy versus a diagnostic injection versus a therapeutic injection versus an orthotic. On

May 23, 2014, the applicant again stated that his pain was reduced by 40% to 50% through usage of medications and/or the TENS unit. The applicant stated that Prilosec was ameliorating his symptoms of dyspepsia. The applicant was apparently given a refill of TENS unit patches. On July 28, 2014, the applicant again reported 5/10 pain. The applicant was on Pamelor and topiramate, it was further noted. It was stated that the applicant was doing home exercises. The applicant was kept off of work on the date of the visit, July 28, 2014 and asked to return to work on July 29, 2014 with previously imposed permanent limitations. It was not clearly established whether or not the applicant was working at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of Left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 374, MRI imaging for the foot and ankle may be helpful in clarifying a diagnosis of delayed recovery, such as osteochondritis dissecans. In this case, the requesting provider, a podiatrist, has posited that the applicant may have some elements of osteochondritis dissecans versus a loose body about the injured ankle status post earlier ORIF surgery. The attending provider has posited that the proposed MRI would help to determine whether or not the applicant would be a candidate for ankle arthroscopy versus injection therapy. This is an appropriate indication for MRI imaging, per ACOEM. Therefore, the request is medically necessary.

2 TENS patches: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle & Foot (Acute & Chronic) - TENS, chronic pain (transcutaneous electrical nerve stimulation)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS topic Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial should be predicated on evidence of a favorable outcome during the said one-month trial, in terms of both pain and function. In this case, the attending provider has posited that earlier usage of the TENS unit has attenuated the applicant's ankle pain complaints and did, at one point, facilitated the applicant's return to work as a carpenter. Continuing the TENS unit and/or provision of associated supplies, such as the patches at issue, are therefore indicated. Accordingly, the request is medically necessary.

