

Case Number:	CM14-0165558		
Date Assigned:	10/10/2014	Date of Injury:	10/01/1998
Decision Date:	11/12/2014	UR Denial Date:	09/26/2014
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 Orthopedic Surgery and is licensed to practice in Texas. 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 injured worker is a 54-year-old female with a date of injury of 10/1/1998. The mechanism of injury was not documented. The worker's medical history was positive for depression, anxiety, emphysema, and fibromyalgia. The worker's surgical history was positive for left second metatarsal hemiarthroplasty and anterior cervical discectomy and fusion at C4/5. The 8/10/14 treating physician report cited continued complaints of constant severe low back pain radiating to her left leg and pain in the left foot. The injured worker was working. The physical exam documented ambulation with a cane, lower lumbar paravertebral muscle tenderness, moderate loss of lumbar flexion/extension, and positive left straight leg raise. The treatment plan requested re-evaluation and treatment with the foot and ankle surgeon who performed her left foot surgery as she had continued severe pain. Authorization was requested for bilateral upper extremity electromyogram/nerve conduction velocity. The 8/29/14 bilateral lower extremity electrodiagnostic study impression documented findings consistent with left chronic L5 denervation. There was no other evidence of acute lumbar radiculopathy or peripheral neuropathy. The 9/26/14 utilization review modified the request from "re-evaluation and treatment with a foot and ankle surgeon" to "re-evaluation with foot and ankle surgeon."

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-evaluation and treatment with a foot and ankle surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG; Ankle and Foot (Acute & Chronic))

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: According to the American College of Occupational and Environmental Medicine guidelines, referral to a specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise are supported. The 9/26/14 utilization review modified the request for re-evaluation and treatment with a foot and ankle surgeon to a re-evaluation with foot and ankle surgeon. The referral to the foot and ankle surgeon to assess the post-operative course of this injured worker is reasonable given the reported level of pain. The absence of a specific treatment plan does not allow for medical necessity to be established. Therefore, this request is not medically necessary.