MAXIMUS Federal Services

Case Number:	CM14-0103731		
Date Assigned:	07/30/2014	Date of Injury:	05/08/2000
Decision Date:	06/29/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania, Ohio, California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female, who sustained an industrial injury on 5/08/2000, noting continuous trauma injuries to her lower extremities, right foot, hips, and low back. The injured worker was diagnosed as having lumbar disc disease with spinal stenosis and bilateral radiculopathy, left greater than right, and bilateral plantar fasciitis. Treatment to date has included diagnostics, physical therapy, and medications. On 3/25/2014, she reported a flare of back pain and pain in both thighs, and numbness in both calves. She reported being out of pain medications for the last few days. She indicated that she was able to get by with low dose pain medication (unspecified) and reported that her non-steroidal anti-inflammatory drug induced gastritis was controlled by medication. She reported an episode of cramping and tingling in the feet, which resolved with stretching. Her orthotics, due to plantar fasciitis, were worn down and needed to be replaced. Physical exam noted muscle guarding with palpation in the lumbar paravertebrals, great toes semi-strong at 4/5, pain with palpation over the right sacroiliac joint, tense left sciatic notch, tender left iliotibial band, and tenderness about both calves. Supine straight leg raising was tolerated to 60/90 degrees on the left and positive Bragard's was noted. There was a positive Fabere/Patrick sign on the right. There continued to be somewhat diminished sensation in the bilateral great toes. The treatment plan included continued medications, updated magnetic resonance imaging of the lumbar spine, and new orthotics. On 5/20/2014, she reported intermittent back spasms and reported always being in pain, in one form or another. She also indicated that her plantar fasciitis was acting up. Her orthotics were cracked and pinching her skin with every step. The treatment plan continued to included medications, new orthotics, and magnetic resonance imaging of the lumbar spine. Objective findings appeared unchanged and prior lumbar imaging was not submitted.

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): 303,53. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: MTUS/ACOEM recommends MRI LSPINE if there are specific red flag findings on history and musculoskeletal and neurological examination. The records do not+ document such red flag findings at this time. Additionally there is no apparent worsening or change in neurological function since a prior lumbar MRI. The rationale/indication for the requested lumbar MRI are not apparent. This request is not medically necessary.

1 Orthotics: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370.

Decision rationale: ACOEM recommends use of foot orthotics for plantar fasciitis. The records do not document plantar fasciitis, nor do the records document an alternative diagnosis for which foot orthotics would be indicated. Thus, this request is not medically necessary.