

Case Number:	CM14-0217308		
Date Assigned:	01/07/2015	Date of Injury:	03/14/2012
Decision Date:	03/04/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/29/2014

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: Oregon, California
 Certification(s)/Specialty: Neurological Surgery

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 male who reported an injury on 03/14/2012 due to a motor vehicle accident. The clinical note dated 10/24/2014 noted that the injured worker had complaints of pain to the lumbar spine. Prior surgeries included a right wrist cyst removal, tonsillectomy, an open right shoulder rotator cuff repair on 09/06/2013, and a partial right great toe nail removal in 07/2014. Current medications included lisinopril, hydrochlorothiazide, Flexeril, Xanax, Zoloft, and Protonix. Upon examination, there was a significant loss of sensation in the median nerve distribution bilaterally and in the upper extremities. There was numbness to pinprick in the left lateral thigh in a distribution secondary to the lateral femoral cutaneous nerve. There was a loss of vibration and pinprick in the bilateral feet at the level of the malleoli bilaterally and symmetrically. There was a positive Tinel's sign at the bilateral wrists and bilateral elbows. There was a positive Phalen's to the bilateral wrists. On cerebellar exam, there was some variability in how the injured worker responded with different types of rapid alternating movements in the hand. There was no ataxia of the legs in the seated position. An EMG and NCV of the bilateral limbs performed on 09/11/2014 revealed evidence of mild acute L5 radiculopathy on the left. Diagnoses were meralgia paresthetica of the left thigh; moderate disc protrusion at L4-5 with moderate spinal stenosis with left L5 radiculopathy; episodes of falling perhaps secondary to weakness of the L5 innervated muscles on the left, including the extensor muscles of the ankle, leading to falls; rule out intracerebral cause of ataxia; possible early peripheral neuropathy, despite recent EMG/NCV study which did not show neuropathy; and probable functional overlay of some symptoms. The provider recommended a

brain MRI to rule out intracranial cause of ataxia and neuropathy and purchase of an ankle AFO. The rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Brain MRI to r/o intracranial cause of ataxia, neuropathy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Head Procedure Summary

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

Decision rationale: The request for decision for brain MRI to rule out intracranial causes of ataxia, neuropathy is not medically necessary. The Official Disability Guidelines state that MRI is indicated to determine neurologic deficits not explained by a CT, to evaluate prolonged interval of disturbed consciousness, and to define evidence of acute changes superimposed on previous trauma or disease. The clinical documentation submitted for review failed to show evidence that the injured worker had a prior CT scan. There is no evidence that there was prolonged interval of disturbed consciousness noted. As such, medical necessity has not been established.

Purchase of ankle AFO: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Ankle & Foot Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

Decision rationale: The request for purchase of ankle AFO is not medically necessary. The California MTUS recommend immobilization and weight bearing for acute injuries as tolerated. There was no evidence of physical exam findings related to the injured worker's ankle. There was no evidence of instability noted. There was evidence that the injured worker had prior falls; however, there were no subjective or objective complaints related to the ankle to warrant the use of an ankle AFO. As such, medical necessity has not been established.