Case Number:	CM14-0087416		
Date Assigned:	07/23/2014	**Date of Injury:**	06/24/2005
Decision Date:	06/25/2015	**UR Denial Date:**	06/06/2014
Priority:	Standard	**Application Received:**	06/11/2014

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: 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 50 year old male, who sustained an industrial injury on 6/24/2005. Diagnoses include tendonitis, failed lumbar back surgery syndrome, cervical, failed back surgery syndrome, lumbar, chronic pain due to trauma and Quinolone and hydroxyquinolone derivatives causing, chronic. Treatment to date has included surgical intervention (multilevel discectomy and fusion 2010 and rotator cuff repair, 2005), and medications including medical marijuana. Per the Primary Treating Physician's Progress Report dated 5/27/2014, the injured worker reported worsening back pain located in the upper, middle and lower back, gluteal area, as well as the pain in the arms, thighs, neck and elbows. He reports pain radiating to the left arm, right arm, right calf, left calf, left foot, left thigh and right leg. Pain is rated as 9/10 without pain medications and 8/10 with pain medications. Physical examination of the foot/ankle revealed tenderness to the bilateral feet/ankles, primarily the Achilles. The plan of care included diagnostics and authorization was requested for magnetic resonance imaging (MRI) without contrast for the left Achilles.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI without contrast to the left Achilles: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: Guidelines state MRI of the foot and ankle provides a more definitive visualization of the soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or CT scan in the evaluation of traumatic or degenerative injuries. The majority of cases can be successfully treated conservatively, but in cases requiring surgery (eg, plantar fascia rupture in competitive athletes, deeply infiltrating plantar fibromatosis, masses causing tarsal tunnel syndrome), MR imaging is especially useful in planning surgical treatment by showing the exact location and extent of the lesion; however, the imaging study is not recommended as a screening tool, but reserved for more specific diagnoses or plan operative interventions, not presented here. Indications also require normal findings on plain films with suspected osteochondral injury, tendinopathy not identified here. Submitted reports have not adequately demonstrated clear diagnosis with correlating clinical findings to support for guidelines criteria of imaging with diagnosis of lumbar spine etiology and only limited range, generalized weakness, no instability, and whole foot sensation loss without dermatomal or myotomal pattern presentation on clinical exam. The MRI without contrast to the left Achilles is not medically necessary and appropriate.