

Case Number:	CM15-0118135		
Date Assigned:	06/26/2015	Date of Injury:	05/25/2012
Decision Date:	07/27/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 45 year old female, who sustained an industrial injury on 5/25/2012. Additional injury claims were noted. The injured worker was diagnosed as having lumbar sprain. Treatment to date has included diagnostics, physical therapy, acupuncture, and medications. Many documents within the submitted medical records were difficult to decipher. Currently, the injured worker complains of cervical spine pain, lumbar spine pain, and left foot pain at the bunion area. The treatment plan included magnetic resonance imaging of the lumbar spine (right lower extremity pain) and ultrasound for the left foot. Her work status was total temporary disability. Her current medication regimen was not noted. Previous diagnostic testing 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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), MRIs (magnetic resonance imaging).

Decision rationale: The claimant sustained a work-related injury in May 2012 and continues to be treated for neck, low back, and left foot pain. When seen, there was worsening foot pain. There was decreased lumbar range of motion with pain and straight leg raising was positive. There was decreased left foot range of motion. Applicable criteria for obtaining an MRI would include a history of trauma with neurological deficit, when there are 'red flags' such as suspicion of cancer or infection, or when there is radiculopathy with severe or progressive neurologic deficit. In this case, there is no identified new injury or neurological deficit documented. There are no identified 'red flags' that would support the need for obtaining an MRI scan which is not medically necessary.

Ultrasound of the left foot: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Ultrasound, diagnostic.

Decision rationale: The claimant sustained a work-related injury in May 2012 and continues to be treated for neck, low back, and left foot pain. When seen, there was worsening foot pain. There was decreased lumbar range of motion with pain and straight leg raising was positive. There was decreased left foot range of motion. Indications for diagnostic ultrasound of the foot include chronic foot pain with suspected tarsal tunnel syndrome or Morton's neuroma or, in a young athlete presenting with localized pain at the plantar aspect of the heel where plantar fasciitis is suspected. In this case, the physical examination findings reported do not support the presence of any of these diagnoses. The request is not medically necessary.