

<b>Case Number:</b>	CM15-0179250		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	02/09/2012
<b>Decision Date:</b>	10/29/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: California, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 38 year old male, who sustained an industrial injury on February 9, 2012. He reported left ankle, left knee and low back pain. The injured worker was diagnosed as having lumbar 5-sacral 1 annular tear with associated central disk herniation and protrusion per magnetic resonance image (MRI), lumbar radiculopathy per EMG and NCV studies (6-24-15), left knee chronic sprain and strain and chronic myofascial pain with reactionary sleep disturbances and poor coping with no history of suicidal ideation or plan. Treatment to date has included diagnostic studies, radiographic imaging and medications. Currently, the injured worker continues to report left ankle, left knee and low back pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was without complete resolution of the pain. It was noted the pain was originally in the left ankle and progressed to the left knee and low back before continuing to progress to include lower extremity tingling and numbness. Evaluation on May 3, 2015, revealed continued pain as noted. Evaluation on August 4, 2015, revealed continued pain as noted. He reported tingling and numbness radiating from the low back into the buttocks and down the lower extremities as well. It was noted he continued to work without restrictions. The RFA included requests for MRI of the left ankle without contrast and was non-certified on the utilization review (UR) on September 1, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of the left ankle without contrast:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Ankle and Foot Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Ankle and Foot Complaints 2004, Section(s): Special Studies.

**Decision rationale:** In this case, the date of injury was 2/9/2012. The claimant suffered a slip and fall and injured his left ankle. MRI/CT was performed in 2012. A repeat left ankle MRI was performed on 4/13/2015 which showed degenerative changes in the subtalar joint. There is no detailed discussion of efficacy of prior treatment to the ankle, including extensive physical therapy. The current exam shows tenderness to palpation of then left ankle with decreased range of motion of 30%. The request is for a repeat MRI of the ankle due to "worsening pain." However, there is no clear rationale for a repeat MRI, since no new injury or significant change in physical exam findings in the precious six months is documented. In addition, the remoteness of injury and recent MRI of the ankle just 6 months ago is not likely to show anything other than the previous degenerative changes. Therefore, the request for a repeat left ankle MRI is not medically necessary or appropriate.