

Case Number:	CM15-0070409		
Date Assigned:	04/17/2015	Date of Injury:	09/14/1998
Decision Date:	05/19/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	04/13/2015

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

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 65 year old male, who sustained an industrial injury on 9/14/1998. The mechanism of injury was not noted. The injured worker was diagnosed as having status post lumbar surgery and right ankle sprain with Achilles tendon injury. Treatment to date has included diagnostics and surgical intervention. Currently (2/11/2015), the injured worker complains of constant low back pain, with radiation to the lower extremities, right greater than left. His pain was rated 8/10. His height was 5'8" and weight was 204 pounds. X-rays (unspecified but findings referred to lumbar spine) were obtained and reviewed. The treatment plan included magnetic resonance imaging of the lumbar spine, and right foot and ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right foot MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Magnetic resonance imaging (MRI).

Decision rationale: Regarding the request for MRI of the right foot, Occupational Medicine this Guidelines state that special studies are not usually needed until after conservative care, in the absence of red flag conditions. ODG states that the MRI provided more definitive visualization of soft tissue structures including ligaments, tendons, joints capsule, menisci, and joint cartilage structures. Guidelines state that in patients requiring surgery, MR imaging is especially useful in planning surgical treatment. Guidelines also state that MRI has a very high specificity and positive predictive value in diagnosing tears of the anterior talofibular ligament, calcaneofibular ligament and osteochondral lesions. Within the documentation available for review, there is no indication that the patient is undergoing surgical planning, that there is a red flag condition, that there is a concern about any of the injuries discussed in guidelines, or any indication as to how the outcome of the MRI will affect the current treatment plan. In the absence of clarity regarding those issues, the currently requested right foot MRI is not medically necessary.