

<b>Case Number:</b>	CM15-0077352		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 41-year-old female, who sustained an industrial injury on July 17, 2012. She reported pain in the left ankle and forefoot with associated numbness and tingling radiating to the calve, mid-thigh and groin, migraine headaches, low back pain secondary to crutch use, right elbow pain, right wrist pain and shoulder pain secondary to crutch use. The injured worker was diagnosed as having left anterior ankle impingement, status post left ankle arthroscopy for debridement and synovectomy, complex regional pain syndrome, spinal cord stimulator placement, tendonitis of the right shoulder and elbow and wrist secondary to cane use and revision of spinal cord stimulator with laminotomy. Treatment to date has included radiographic imaging, diagnostic studies, and surgical interventions of the left ankle, spinal cord stimulator, conservative treatments, physical therapy, medications and work restrictions. Currently, the injured worker complains of constant throbbing, aching pain in the left ankle and forefoot with associated numbness and tingling radiating to the calve, mid-thigh and groin, migraine headaches, low back pain secondary to crutch use, right elbow pain, right wrist pain and shoulder pain secondary to crutch use. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 2, 2015, revealed continued pain as noted. Radiographic imaging of the cervical spine, lumbar spine, thoracic spine and brain was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI with contrast of the brain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** This 41 year old female has complained of low back pain, ankle pain, foot pain, right arm pain and migraine headaches since date of injury 7/17/12. He has been treated with physical therapy, surgery, spinal cord stimulation and medications. The current request is for MRI with contrast of the brain. The available medical records do not contain adequate provider rationale or documentation to support this request. On the basis of the available medical records and per the reference cited above, MRI with contrast of the brain is not indicated as medically necessary.

**MRI with contrast of the lumbar:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** This 41 year old female has complained of low back pain, ankle pain, foot pain, right arm pain and migraine headaches since date of injury 7/17/12. The current request is for MRI of the lumbar spine. The available medical records show a request for MRI of the lumbar spine with contrast without any physical exam findings or rationale for the above requested testing. Per the MTUS, guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/ or in the absence of red flag symptoms is not indicated. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, MRI of the lumbar spine with contrast is not indicated as medically necessary.

**MRI with contrast of the cervical:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** This 41 year old female has complained of low back pain, ankle pain, foot pain, right arm pain and migraine headaches since date of injury 7/17/12. The current request is

for MRI with contrast of the cervical spine. The available medical records show a request for a cervical spine MRI with contrast, without any documented patient symptomatology, physical exam or rationale to support the above requested testing. Per the MTUS, guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/or in the absence of red flag symptoms or physical exam findings, is not indicated. On the basis of this lack of documentation from the requesting provider, MRI with contrast of the cervical spine is not indicated as medically necessary.

**MRI with contrast of the thoracic:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 303-304.  
Decision based on Non-MTUS Citation Official Disability Guidelines, MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** This 41 year old female has complained of low back pain, ankle pain, foot pain, right arm pain and migraine headaches since date of injury 7/17/12. The current request is for MRI with contrast of the thoracic spine. The available medical records show a request for a thoracic spine MRI with contrast, without any documented patient symptomatology, physical exam or rationale to support the above requested testing. Per the MTUS, guidelines cited above, radiographic imaging in the absence of documented worsening of symptoms and/or in the absence of red flag symptoms or physical exam findings, is not indicated. On the basis of this lack of documentation from the requesting provider, MRI with contrast of the thoracic spine is not indicated as medically necessary.