

Case Number:	CM15-0079017		
Date Assigned:	04/30/2015	Date of Injury:	12/08/2013
Decision Date:	06/01/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/24/2015

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: Anesthesiology, 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 63 year old female, who sustained an industrial injury on 12/8/13. The injured worker has complaints of burning, radicular neck pain. The diagnoses have included cervical spine pain; cervical spine sprain/strain; wrist pain; thoracic spine sprain/strain; thoracic spine pain and low back pain. Treatment to date has included physical therapy; acupuncture; injections and medications. The request was for magnetic resonance imaging (MRI) right foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI Right Foot: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

Decision rationale: The ACOEM Chapter 14 on Ankle indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there

is no rationale provided to support the request for an ankle MRI. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established.