

<b>Case Number:</b>	CM15-0079232		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	02/14/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: Texas, Florida

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 60-year-old male who sustained an industrial injury on 02/14/14. Initial complaints and diagnoses are bilateral ankle, feet and lower extremities pain. Treatments to date include medications and a Cam walker. Diagnostic studies showed calcaneal spur but otherwise no internal joint derangement of the ankles or feet. Current complaints include bilateral foot pain and numbness. Current diagnoses include neuroma, neuropexia, plantar fasciitis, enthesopathy, impairment of the tarsal tunnel, and internal derangement of the ankle and sinus tarsi. There is associated diagnosis of anxiety, depression, stress and mood changes. In a progress note dated 02/27/15 the treating provider reports the plan of care as addition of gabapentin medication, superfeet, Velocity brace, steroid injection in to the left heel on the day of service, and MRIs of the bilateral feet and x-rays of the bilateral feet and ankles. The medication listed was OTC Tylenol. The requested treatments are MRIs of the bilateral feet and ankles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Magnetic Resonance Imaging (MRI) of the right ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines 9792.23.7. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Ankle and Foot.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of joints conditions when standard clinical examination and radiological tests are inconclusive. The utilization of MRI can be useful in the evaluation of neurological deficits or the presence of red flag condition. The records did not show subjective or objective findings of deteriorating condition or neurological deficit. The plain radiological test did not show significant abnormal findings. The criteria for the MRI of the right ankle were not medically necessary.

**Magnetic Resonance Imaging (MRI) of the right foot:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Foot and Ankle.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of joints conditions when standard clinical examination and radiological tests are inconclusive. The utilization of MRI can be useful in the evaluation of neurological deficits or the presence of red flag condition. The records did not show subjective or objective findings of deteriorating condition or neurological deficit. The plain radiological test did not show significant abnormal findings. The criteria for the MRI of the right ankle were not medically necessary.

**Magnetic Resonance Imaging (MRI) left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Foot and Ankle.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of joints conditions when standard clinical examination and radiological tests are inconclusive. The utilization of MRI can be useful in the evaluation of neurological deficits or the presence of red flag condition. The records did not show subjective or objective findings of deteriorating condition or neurological deficit. The plain radiological report did not show significant abnormal findings of the left ankle or foot. The criteria for MRI of the left ankle were not medically necessary.

**Magnetic Resonance Imaging (MRI) of the left foot: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Foot and Ankle.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of joints conditions when standard clinical examination and radiological tests are inconclusive. The utilization of MRI can be useful in the evaluation of neurological deficits or the presence of red flag condition. The records did not show subjective or objective findings of deteriorating condition or neurological deficit. The plain radiograph did not show significant abnormal findings of the left foot. The criteria for MRI of the left foot were not medically necessary.