

Case Number:	CM15-0094693		
Date Assigned:	05/20/2015	Date of Injury:	12/24/2014
Decision Date:	07/02/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/15/2015

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

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 47-year-old male, who sustained an industrial injury on 12/24/14. The injured worker has complaints of left foot pain. The documentation noted that the injured worker has mild swelling over the dorsum of the foot and tenderness over the courses of the second and third metatarsals. The diagnoses have included sprain/strain tot eh left ankle and foot; fracture at the base of the third metatarsal bone and fracture to the base of the second metatarsal bone. The documentation noted that the injured worker had a left foot X-rays obtained revealed normal findings, additional X-rays of left foot were done and revealed a fracture and the injured worker was prescribed a boot support and therapy. The request was for magnetic resonance imaging (MRI) of the left foot; electromyography/nerve conduction study of the left lower extremities; urine toxicology screen and pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Left Foot: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Ankle and Foot Chapter, Magnetic Resonance Imaging.

Decision rationale: The patient presents on 04/27/15 with left foot pain rated 5/10. The patient's date of injury is 12/24/14. Patient has no documented surgical history directed at this complaint. The request is for testing MRI of LLE. The RFA was not provided. Physical examination dated 04/27/15 reveals decreased motor strength and decreased sensation in the left lower extremity and the provider notes severe ambulatory pain. The progress note also includes a review of in-office X-ray as showing no evidence of fractures, but mild degenerative osteoarthritis in the left foot. The patient is currently prescribed Motrin and Prilosec. Diagnostic imaging included MRI of the left foot dated 05/16/15, significant findings include: "Osteoarthritic changes within the first metatarsophalangeal joint. Probably contusion along the proximal aspect of the second metatarsal. Non displaced fracture is not excluded." Per 04/27/15 progress note, this patient is advised to remain off work for 30-45 days. ODG Ankle and Foot Chapter, under Magnetic Resonance Imaging have the following: "Recommended as indicated below. MRI provides a more definitive visualization of soft tissue structures, including ligaments, tendons, joint capsule, menisci and joint cartilage structures, than x-ray or Computerized Axial Tomography in the evaluation of traumatic or degenerative injuries. Indications for imaging -- MRI (magnetic resonance imaging): 1) Chronic ankle pain, suspected osteochondral injury, plain films normal. 2) Chronic ankle pain, suspected tendinopathy, plain films normal. 3) Chronic ankle pain, pain of uncertain etiology, plain films normal." In this case, it appears that his is a retrospective request for an MRI, which was requested on 04/27/15 and performed on 05/16/15 despite utilization review denial. There is no evidence that this patient underwent any MRI imaging of the affected extremity prior to the 05/16/15 examination. This patient presents with chronic ankle pain of an unknown etiology, suspicion of a non-displaced fracture in the ankle, and osteoarthritic changes noted in plain films. Given the lack of MRI imaging to date and this patient's chronic foot/ankle pain, this retrospective request for an MRI scan of the left lower extremity is substantiated. The request is medically necessary.

EMG of the Left Lower Extremities: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Pain Chapter, under Electrodiagnostic testing.

Decision rationale: The patient presents on 04/27/15 with left foot pain rated 5/10. The patient's date of injury is 12/24/14. Patient has no documented surgical history directed at this complaint. The request is for testing EMG of LLE. The RFA was not provided. Physical examination dated 04/27/15 reveals decreased motor strength and decreased sensation in the left lower extremity and the provider notes severe ambulatory pain. The progress note also includes a review of in-office X-ray as showing no evidence of fractures, but mild degenerative osteoarthritis in the left foot. The patient is currently prescribed Motrin and Prilosec. Diagnostic imaging included MRI of the left foot dated 05/16/15, significant findings include: "Osteoarthritic changes within the first metatarsophalangeal joint. Probably contusion along the proximal aspect of the second metatarsal. Non displaced fracture is not excluded." Per 04/27/15 progress note, this patient is advised to remain off work for 30-45 days. ODG Pain Chapter, under Electrodiagnostic testing has the following: "Recommended needle EMG or NCS,

depending on indications. Surface EMG is not recommended. Electromyography (EMG) and Nerve Conduction Studies (NCS) are generally accepted, well-established and widely used for localizing the source of the neurological symptoms and establishing the diagnosis of focal nerve entrapments, such as carpal tunnel syndrome or radiculopathy, which may contribute to or coexist with CRPS II (causalgia), when testing is performed by appropriately trained neurologists or physical medicine and rehabilitation physicians (improperly performed testing by other providers often gives inconclusive results). As CRPS II occurs after partial injury to a nerve, the diagnosis of the initial nerve injury can be made by electrodiagnostic studies." In regard to the EMG study to be performed on the left lower extremity, the request is appropriate. Progress note dated 04/27/15 indicates that this patient presents with significant pain, decreased sensation, and decreased motor strength in the left foot distal to the site of injury. The provider is presumably requesting an EMG study to identify any focal nerve compromise or impingement associated with this patient's ankle/foot injury. Given the lack of electrodiagnostic studies to date and the demonstration of neurological compromise in the left foot, an EMG is substantiated. The request is medically necessary.

Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77-80, 94.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Pain chapter, Urine drug testing.

Decision rationale: The patient presents on 04/27/15 with left foot pain rated 5/10. The patient's date of injury is 12/24/14. Patient has no documented surgical history directed at this complaint. The request is for testing UDS. The RFA was not provided. Physical examination dated 04/27/15 reveals decreased motor strength and decreased sensation in the left lower extremity and the provider notes severe ambulatory pain. The progress note also includes a review of in-office X- ray as showing no evidence of fractures, but mild degenerative osteoarthritis in the left foot. The patient is currently prescribed Motrin and Prilosec. Diagnostic imaging included MRI of the left foot dated 05/16/15, significant findings include: "Osteoarthritic changes within the first metatarsophalangeal joint. Probably contusion along the proximal aspect of the second metatarsal. Non displaced fracture is not excluded." Per 04/27/15 progress note, this patient is advised to remain off work for 30-45 days. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Pain Chapter, under Urine Drug Testing has the following: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter." In this case, the provider is requesting a UDS for an unknown reason. The progress note associated with this request, dated 04/27/15, does not include a comprehensive list of this patient's medications, stating only: "continue pain meds." without any indication that this patient is currently, prescribed any narcotic medications. Without a rationale as to why such testing is necessary, or evidence that this patient was prescribed narcotic medications at or before the time of the request, this screening cannot be substantiated. Therefore, the request is not medically necessary.

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents on 04/27/15 with left foot pain rated 5/10. The patient's date of injury is 12/24/14. Patient has no documented surgical history directed at this complaint. The request is for pain management consult. The RFA was not provided. Physical examination dated 04/27/15 reveals decreased motor strength and decreased sensation in the left lower extremity and the provider notes severe ambulatory pain. The progress note also includes a review of in-office X-ray as showing no evidence of fractures, but mild degenerative osteoarthritis in the left foot. The patient is currently prescribed Motrin and Prilosec. Diagnostic imaging included MRI of the left foot dated 05/16/15, significant findings include: "Osteoarthritic changes within the first metatarsophalangeal joint. Probably contusion along the proximal aspect of the second metatarsal. Non displaced fracture is not excluded." Per 04/27/15 progress note, this patient is advised to remain off work for 30-45 days. American College of Occupational and Environmental Medicine ACOEM, 2nd Edition, 2004 ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. In regard to the request for consultation with a pain management specialist, the referral is appropriate. Progress reports provided do not provide a detailed history of this patient's pain consultations. This patient presents with continuing unresolved foot pain with a neuropathic component. This patient's chronic pain symptoms could benefit from additional specialist treatment and such consultations are supported by guidelines at the provider's discretion. Therefore, the request is medically necessary.