

Case Number:	CM14-0069592		
Date Assigned:	07/14/2014	Date of Injury:	09/18/2012
Decision Date:	08/24/2015	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/14/2014

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, District of Columbia, Maryland
 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:

This 55 year old female sustained an industrial injury to the low back and right foot and ankle on 9/18/12. Previous treatment included physical therapy, acupuncture and medications. In a PR-2 dated 4/16/14, the injured worker complained of ongoing right ankle pain and right foot numbness. The injured worker reported that she was taking medications with benefit. Physical exam was remarkable for right ankle and foot with tenderness to palpation, decreased sensation to the right foot and decreased right ankle strength and range of motion. Current diagnoses included myofascial pain syndrome and right ankle and foot pain. The treatment plan included medications (Flexeril, Neurontin, Voltaren XR and Terocin patch).

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: ACOEM guidelines support ordering of imaging studies for emergence of red flags, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG), and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. Progress report dated 4/16/14 noted continued right ankle pain and right foot numbness. Physical exam revealed decreased sensation to the right foot and decreased right ankle strength and range of motion. I respectfully disagree with the UR physician's assertion that the objective findings did not include evidence of neurologic dysfunction. The request is medically necessary.