

Case Number:	CM13-0011439		
Date Assigned:	09/20/2013	Date of Injury:	07/12/2009
Decision Date:	01/15/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Maryland, Illinois, Indiana, and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a thirty four year old female who reported an injury on 07/12/2009 after standing under a cabinet that collapsed, causing injury to her neck, mid-back, and low back. The patient was treated conservatively with physical therapy and medications. The patient also received psychiatric care to assist in management of the patient's chronic pain. The most recent physical findings included limited cervical range of motion described as 50 degrees in forward flexion, 55 degrees in extension, 60 degrees in right and left rotation, and 30 degrees in right and left bending with tenderness to palpation along the cervical paraspinal musculature with a positive foraminal compression test bilaterally and a positive Spurling's test. Physical findings of the left ankle included tenderness to palpation along the plantar fascia. The patient's diagnoses included cephalgia, cervical strain/sprain, disc lesion cervical spine, thoracic spine sprain/strain, lumbar strain, disc lesion lumbar spine, symptoms of anxiety and depression, insomnia, left foot and ankle plantar fasciitis including calcification secondary to gait impairment, a left heel/ankle tendonitis calcification secondary to gait impairment. The patient's treatment plan included a steroid injection of the left foot and ankle, and a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical epidural steroid injection and one left heel calcaneal injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376,Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 56.

Decision rationale: The requested cervical epidural steroid injection and one left heel calcaneal injection is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has a bone spur that could benefit from injection therapy. American College of Occupational and Environmental Medicine states "for patients with point of tenderness in the area of a heel spur, local injection of lidocaine and cortisone solution is recommended if 4 to 6 weeks of conservative therapy is ineffective. The clinical documentation submitted for review does indicate that the patient has failed to respond to at least four to six weeks of conservative therapy, and the evidence of a bone spur is confirmed by an imaging study. The most recent clinical evaluation submitted for review does indicate that the patient has tenderness to palpation in the plantar fascia. Therefore, the left heel calcaneal injection would be indicated. However, the request also includes a cervical epidural steroid injection. The most recent clinical documentation submitted for review did not provide any evidence of radicular findings. California Medical Treatment Utilization Schedule does recommend epidural steroid injections for patients with objective physical findings of radiculopathy that are corroborated by an imaging study. The clinical documentation submitted for review did not provide any evidence of an imaging or electrodiagnostic study to indicate that the patient has pathology for radiculopathy. Although the request for the heel spur injection is indicated, the request as it is written cannot be supported, as the patient does not meet the criteria for a cervical steroid injection. As there cannot be any modification to the request, the request as it is written is not medically necessary or appropriate in its entirety.