

Case Number:	CM13-0018094		
Date Assigned:	10/11/2013	Date of Injury:	12/08/2008
Decision Date:	01/28/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/29/2013

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, and is licensed to practice in California. 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 underlying date of injury in this case is 12/08/2008. The primary diagnosis is 728.71. This patient has presented with chronic leg pain and bilateral plantar fasciitis pain as well as pain in the left shoulder, the low back, and the left ankle. He has reported progressive radicular pain in both legs, worse on the right, and largely in an L5 distribution. Lumbar MRI of 06/15/2006 had shown L5-S1 degenerative disc disease including a mildly desiccated disc with disc material adjacent to the exiting right L5 nerve root. The patient is status post a left endoscopic plantar fascia release and open tarsal tunnel release on 01/23/2013. ■■■■■ initial physician review noted that there were not clear neurological deficits documented to support the presence of radiculopathy. Therefore, the request for an epidural injection was noncertified. On 08/08/2013, a Workers' Compensation permanent and stationary report summarizes the patient's history of a back injury in 2008 and subsequent development of bilateral heel pain and also findings of an S1 radiculopathy on nerve conduction study in 2010 and possible tarsal tunnel syndrome. Physical examination findings were notable for tendinitis of the right plantar fascia attachment and severe tendinitis in the left plantar fascia attachment with some hypersensitivity. The patient required a cane to ambulate. A moderately positive tarsal tunnel Tinel's sign was noted on the left and mildly on the right. Overall the patient was felt to have chronic bilateral plantar fasciitis with possible neurological symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

. Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Epidural Injections, page 46, states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." At this time, it is difficult to distinguish radicular pain versus pain for the patient's plantar fasciitis or tarsal tunnel syndrome. Most notably, reported MRI results are in the remote past and would not clearly be clinically relevant presently. I note as well that the same treatment guideline states regarding epidural injections, "This treatment alone offers no significant long-term functional benefit." Therefore, overall even if the findings on exam were more clearly radicular, it is not clear that the guidelines would support an epidural injection for a chronic condition such as this. For multiple reasons, the patient does not meet the guidelines at this time to support the presence of radicular symptoms requiring an epidural steroid injection. This request is not medically necessary.