

Case Number:	CM13-0061715		
Date Assigned:	12/30/2013	Date of Injury:	01/31/2003
Decision Date:	05/07/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/05/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management 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 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/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:

According to the records made available for review, this is a 61-year-old male with a 1/31/03 date of injury. At the time (11/6/13) of request for authorization for orthotics, bilateral; lumbar ESI; and cervical ESI, there is documentation of subjective (neck pain radiating down the left arm to between digits 2 and 4, low back pain radiating down the left leg and foot, and painful feet/heels bilaterally) and objective (positive Spurling's sign on the left, decreased supination of the right upper extremity, tenderness along the volar ulnar aspect of the forearm, and effusion over the left knee) findings, current diagnoses (displacement of cervical intervertebral disc, displacement of lumbar intervertebral disc, chronic pain syndrome, and osteoarthritis), and treatment to date (orthotics (that have worn thin and collapsed), medications, lumbar ESI, and cervical ESI). Medical reports identify that lumbar and cervical ESIs have improved the patient's pain and that "pain has dropped approximately to 2-4 since the procedure." Regarding orthotics, bilateral, there is no documentation of plantar fasciitis or metatarsalgia; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of orthotics use to date. Regarding lumbar ESI, there is no documentation at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response following previous injection. Regarding cervical ESI, there is no documentation at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response following previous injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOTICS, BILATERAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371. Decision based on Non-MTUS Citation Medicare Claims Processing Manual Durable Medical Equipment, Prosthetics, Orthotics, and Supplies.

Decision rationale: MTUS reference ACOEM Guidelines identifies documentation plantar fasciitis or metatarsalgia, as criteria necessary to support the medical necessity of orthotics. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Medical Treatment Guideline identifies documentation of loss, irreparable damage or wear, or a change in the patient's condition subject to provision, as criteria necessary to support the medical necessity of replacement of durable medical equipment. Within the medical information available for review, there is documentation of diagnoses of displacement of cervical intervertebral disc, displacement of lumbar intervertebral disc, chronic pain syndrome, and osteoarthritis. In addition, there is documentation of patient currently utilizing orthotics that have worn thin and collapsed. However, there is no documentation of plantar fasciitis or metatarsalgia. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of orthotics use to date. Therefore, based on guidelines and a review of the evidence, the request for orthotics, bilateral is not medically necessary.

LUMBAR ESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs).

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of displacement of lumbar intervertebral disc and chronic pain syndrome. In addition, there is documentation of a previous lumbar ESI. However, despite documentation of improved pain and that pain dropped approximately to 2-4 following previous injection, there is no documentation at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response

following previous injection. In addition, there is no documentation of the specific nerve root levels to be addressed. Therefore, based on guidelines and a review of the evidence, the request for lumbar ESI is not medically necessary.

CERVICAL ESI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 174-175.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies cervical epidural corticosteroid injections should be reserved for patients who otherwise would undergo open surgical procedures for nerve root compromise. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response, as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of displacement of cervical intervertebral disc and chronic pain syndrome. In addition, there is documentation of a previous cervical ESI. However, despite documentation of improved pain and that pain dropped approximately to 2-4 following previous injection, there is no documentation at least 50-70% pain relief for six to eight weeks, decreased need for pain medications, and functional response following previous injection. In addition, there is no documentation of the specific nerve root levels to be addressed. Therefore, based on guidelines and a review of the evidence, the request for cervical ESI is not medically necessary.