

Case Number:	CM14-0009789		
Date Assigned:	02/21/2014	Date of Injury:	05/16/2013
Decision Date:	07/14/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/23/2014

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. The expert reviewer is Board Certified in Occupational Medicine 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:

The patient is a 44-year-old male who has filed a claim for lumbar radiculopathy associated with an industrial injury date of May 16, 2013. Review of progress notes indicates bilateral knee, foot, and ankle pain. Patient also has low back pain and bilateral leg pain with numbness and tingling. Findings include tenderness over the right knee with mild edema and pain upon movement, and tenderness over the ankles and feet with edema and decreased range of motion. MRI of the right ankle dated September 12, 2013 showed posterior tibialis tenosynovitis and nonunion fracture of the fibula. MRI of the left ankle dated October 10, 2013 was unremarkable. Electrodiagnostic study dated October 15, 2013 showed bilateral chronic active L5-S1 radiculopathy. Treatment to date has included NSAIDs, opioids, and physical therapy. Utilization review from January 03, 2014 denied the requests for lumbar epidural steroid injection in the right L5-S1 as there was no physical examination findings to corroborate presence of radiculopathy, x-ray of bilateral ankles as patient's symptoms have not significantly worsened since the previous MRIs, x-ray of the lumbar spine as there was no documentation of red flag issues, and TENS unit as there was no documentation of neuropathic pain and of a treatment plan for use of TENS.

IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE LUMBAR EPIDURAL STEROID INJECTION, RIGHT L5-S1 LEVELS
BETWEEN 1/2/2014 AND 2/16/2014: Upheld**

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

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

Decision rationale: As stated on page 46 of CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. However, there is no documentation of physical examination findings consistent with lumbar radiculopathy. Therefore, the request for lumbar epidural steroid injection right L5-S1 between 1/2/2014 and 2/16/2014 was not medically necessary.

ONE XRAY OF THE BILATERAL ANKLES (ON NEXT VISIT) BETWEEN 1/2/2014 AND 2/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Ankle and Foot chapter, Radiography.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, indications for ankle radiographs include suspected ankle injury with inability to bear weight immediately after the injury and point tenderness over the medial malleolus, or the posterior edge of the inferior tip of the lateral malleolus or talus or calcaneus; as an initial study in chronic ankle pain with suspected osteochondral injury, tendinopathy, ankle instability, or uncertain etiology; and chronic foot pain with suspected Reiter's disease, tarsal tunnel syndrome, Freiberg's disease, Morton's neuroma, or plantar fasciitis. In this case, the patient has had previous MRIs to both ankles. There has not been any significant change in the patient's symptoms or findings referable to the ankle at this time. Therefore, the request for x-ray of the bilateral ankles between 1/2/2014 and 2/16/2014 was not medically necessary.

ONE XRAY OF LUMBAR SPINE (ON NEXT VISIT) BETWEEN 1/2/2014 AND 2/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back chapter, Radiography (x-rays).

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, lumbar x-rays are indicated in lumbar spine trauma with neurologic deficit; uncomplicated low back pain associated with trauma, steroid use, osteoporosis, age > 70, cancer, or infection; myelopathy that is traumatic, painful, sudden in onset, in an infectious disease or oncology patient; or post-surgical evaluation of fusion. In this case, the documentation does not describe examination findings regarding the patient's lumbar spine. Also, the patient has received authorization for lumbar MRI for which the results have not been provided. Therefore, the request for x-ray of the lumbar spine between 1/2/2014 and 2/16/2014 was not medically necessary.

**ONE TENS/EMS UNIT (TO BE SUPPLIED BY [REDACTED]
[REDACTED]) BETWEEN 1/2/2014 AND 2/16/2014.: Upheld**

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: As stated on pages 114-116 in the California MTUS Chronic Pain Medical Treatment Guidelines, a one-month home-based TENS trial may be considered as a noninvasive conservative option for neuropathic pain and CRPS, with a rental being preferred over a purchase during this trial. Criteria includes chronic intractable pain (at least 3 months duration), evidence of failure of other appropriate pain modalities, and presence of a treatment plan including specific short- and long-term goals of treatment. In this case, there is insufficient information to support presence of neuropathic pain in this patient, or of failure of other conservative management strategies. Therefore, the request for TENS/EMS unit was not medically necessary.