

Case Number:	CM14-0011865		
Date Assigned:	03/03/2014	Date of Injury:	10/26/2007
Decision Date:	07/22/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/27/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 58-year-old female with a 10/26/07 date of injury. She was injured when she was involved in a motor vehicle accident. On 1/7/14, the patient is four years status post open reduction internal fixation for a left calcaneus fracture. She complains of daily swelling in her left ankle foot and ankle. She has a well-healed scar over the lateral aspect of her foot that is slightly tender to palpation. On 12/5/13, the patient is noted to have decreased cervical extension. Her neurological exam is normal. An EMG from 2011 revealed bilateral C5, C6, and C7 radiculopathy. A cervical MRI from 2009 was noted to have no evidence of neuroanatomical compromise, but the official MRI report was not provided for review. The diagnostic impression was of left calcaneus fracture, status post open reduction internal fixation of left calcaneus fracture. Treatment to date has been cervical epidural steroid injection, multiple shoulder surgeries, cognitive behavioral therapy, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

SELECTIVE TRANSFORAMINAL CERVICAL ESI: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation AMA guidelines.

Decision rationale: The California MTUS supports epidural steroid injections in patients with radicular pain that has been unresponsive to initial conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, no more than two nerve root levels should be injected using transforaminal blocks, and no more than one interlaminar level should be injected at one session. However, there is no clear documentation of radicular pain in this patient. An official MRI report was not provided for review; however, it is noted that a MRI from 2009 showed no evidence of neuroanatomical abnormalities. On the most recent office visit note from 1/7/14, the patient had no documentation of neck pain and was only noted to have foot pain. On 12/5/13, the patient was noted to have decreased cervical extension, and a normal neurological examination. As such, the request is not medically necessary.