

Case Number:	CM14-0150094		
Date Assigned:	09/18/2014	Date of Injury:	09/13/2006
Decision Date:	10/28/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/15/2014

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 Internal 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 injured worker is a 69-year-old male who reported an injury on 09/13/2006. The mechanism of injury was not provided. On 04/30/2014, the injured worker presented with improved symptoms, post sympathetic block on the right side. Upon examination there was less tenderness to the right foot. Diagnoses were neuroma; superficial peroneal nerve of the right foot; degenerative arthritis, second and third tarsometatarsal joint, right foot; compensatory pain of the left foot with plantar fasciitis; complex regional syndrome; and left foot similar symptomatology. The provider recommended an epidural steroid injection at the L5-S1, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injection @ L5-S1: Upheld

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

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

Decision rationale: The request for Epidural Injection @ L5-S1 is not medically necessary. According to the California MTUS Guidelines an epidural steroid injection may be recommended to facilitate progress in more active treatment programs when there is radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Additionally, documentation should show the injured worker was initially unresponsive to conservative treatment. Injection should be performed with the use of fluoroscopy for guidance and no more than 2 nerve root levels should be injected using transforaminal blocks. The documentation submitted for review stated the injured worker has tenderness to the right foot. More information is needed as to the results of a straight leg raise, motor strength testing, sensation deficits and objective functional limitations. There is lack of documentation of physical exam findings and electrodiagnostic testing and MRI findings of radiculopathy. In addition, the documentation failed to show the injured worker would be participating in active treatment program following the requested injection. The provider's request does not include the use of fluoroscopy for guidance in the request as submitted. Based on the above, the request is not medically necessary.