

Case Number:	CM14-0176330		
Date Assigned:	11/06/2014	Date of Injury:	02/04/2013
Decision Date:	12/09/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/24/2014

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 Physical Medicine and 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 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 44-year-old male with a 2/4/13 date of injury. At the time (8/27/14) of request for authorization for lumbar epidural steroid injection L4-S1 bilaterally x1 and referral to foot/ankle specialist, there is documentation of subjective (right foot pain, cervical neck pain, dorsal spine pain, and low back pain) and objective (tenderness to palpitation over the lumbar paraspinal musculature, restricted range of motion of the cervical spine, positive straight leg raise, L4-S1 radiculopathy bilaterally, and tenderness to palpitation over the interphalangeal joint of the right foot) findings. Reported MRI of the lumbar spine (date unspecified) revealed 4.4mm disc protrusions at L4-5 and L5-S1 impinging on the transmitting L5-S1 nerve roots bilaterally but not compressing them, simply abutting the nerve roots; report is not available for review. The current diagnoses are history of right foot crush injury, cervical spine sprain/strain, lumbar spine sprain/strain, thoracic spine sprain/strain, lumbar spine discogenic disease, and L4-L5, L5-S1 disc protrusion. The treatment to date includes activity modifications, physical therapy, acupuncture, and TENS unit. Medical reports identify that the patient has a history of degenerative change in the metatarsophalangeal joint of the right foot which was aggravated by the injury. Regarding lumbar epidural steroid injection L4-S1 bilaterally x1, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions, imaging report, failure of additional conservative treatment (medications), and no more than two nerve root levels injected one session. Regarding referral to foot/ankle specialist, there is no documentation that the referral to other specialist is because the diagnosis is uncertain or extremely complex, psychosocial facts are present, or the plan or course of care may benefit from additional expertise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-S1 Bilaterally x1: Upheld

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

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

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. Official Disability Guidelines identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of history of right foot crush injury, cervical spine sprain/strain, lumbar spine sprain/strain, thoracic spine sprain/strain, lumbar spine discogenic disease, and L4-L5, L5-S1 disc protrusion. In addition, there is documentation of failure of conservative treatment (activity modification and physical modalities). However, despite documentation of subjective (dorsal spine pain and low back pain) and objective (tenderness to palpitation over the lumbar paraspinal musculature, positive straight leg raise, and L4-S1 radiculopathy bilaterally) findings, there is no documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions. In addition, despite the medical reports' reported imaging findings (MRI of the Lumbar spine revealing 4.4mm disc protrusions at L4-5 and L5-S1 impinging on the transmitting L5-S1 nerve roots bilaterally but not compressing them, simply abutting the nerve roots), there is no documentation of an imaging report. Furthermore, there is no documentation of failure of additional conservative treatment (medications). Therefore, based on guidelines and a review of the evidence, the request for LESI L4-S1 bilaterally x1 is not medically necessary.

Referral to foot/ankle specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127, Official Disability Guidelines (ODG) Pain Chapter, Office visits

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. Official Disability Guidelines identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical information available for review, there is documentation of diagnoses of history of right foot crush injury, cervical spine sprain/strain, lumbar spine sprain/strain, thoracic spine sprain/strain, lumbar spine discogenic disease, and L4-L5, L5-S1 disc protrusion. In addition, there is documentation that the patient has a history of degenerative change in the metatarsophalangeal joint of the right foot which was aggravated by the injury. However, there is no documentation that the referral to other specialist is because the diagnosis is uncertain or extremely complex, psychosocial facts are present, or the plan or course of care may benefit from additional expertise. Therefore, based on guidelines and a review of the evidence, the request for Referral to foot/ankle specialist is not medically necessary.