

Case Number:	CM14-0026820		
Date Assigned:	06/13/2014	Date of Injury:	05/20/2009
Decision Date:	08/22/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/03/2014

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 Nevada. 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 records, presented for review indicate that this 58-year-old female was reportedly injured on 5/20/2009. The mechanism of injury was listed as a fall. The claimant underwent lumbar epidural injections L4 through S1 (bilateral) on 10/14/2013. The progress notes dated 10/29/2013 and 3/4/20214 indicate that there were ongoing complaints of low back pain with radiation to the left lower extremity as well as left foot pain. Physical examination demonstrated positive Trendelenburg sign on the left. Tandem toe walking was associated with increased low back pain and left sciatica pain. There was tenderness to a scar on the left foot. There was positive Kemp's test and positive Tinel's sign over left tarsal tunnel. There was also weakness of the left plantar flexion, eversion, and extensor hallucis longus; paresthesia in the left L5/S1 dermatome. Ankle jerk: Plus/minus left, 1+ right. And antalgic gait with avoidance of left lower extremity weight-bearing. No recent diagnostic imaging studies were available for review. Diagnoses: Status post left cuboid fracture and left foot surgery; left tarsal tunnel syndrome; left hallux valgus deformity; gait disorder secondary to left foot pain. Previous treatment included chiropractic treatment, physical therapy and medications. A request had been made for one lumbar selective epidural with fluoroscopy and anesthesia between 12/5/2013 and 1/24/2014, which was not certified in the utilization review on 1/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE LUMBAR SELECTIVE EPIDURAL WITH FLUOROSCOPY AND ANESTHESIA:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: MTUS guidelines support lumbar epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging or electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, there was insufficient clinical evidence that a second lumbar epidural steroid injection meets the MTUS guidelines. Specifically, there was no documentation of improvement with the first epidural steroid injection. Furthermore, the progress notes state, the claimant had a MRI but failed to document the date of this MRI. As such, the requested procedure is not considered medically necessary.