

Case Number:	CM14-0027790		
Date Assigned:	06/16/2014	Date of Injury:	05/16/2013
Decision Date:	07/22/2014	UR Denial Date:	02/15/2014
Priority:	Standard	Application Received:	03/05/2014

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:

The patient is a 43-year old male who was injured on 05/16/2013. He sustained an injury while performing his regular and customary duty as a fence builder. He reported a heavy piece of metal fell on his legs. He sustained multiple fractures. He now complains of low back pain and bilateral leg pain with numbness and tingling. Prior medication history included Norco, Ativan, Prilosec and Anaprox. Diagnostic studies reviewed include EMG (Electromyography) /NCS (Nerve Conducting Stimulation) dated 10/15/2012 revealed a normal nerve conduction study and abnormal electromyography suggesting bilateral chronic active L5-S1 radiculopathy. Follow up report dated 01/14/2014 states the patient complained of bilateral foot, ankle and knee pain. On exam, the right knee reveals tenderness to palpation over the anterior aspect, mild edema and pain with range of motion. Examination of the ankles and feet reveal tenderness in the medial and lateral area, decreased range of motion, edema and tenderness to palpation over the anterior aspect. Diagnoses are chronic L5-S1 Bilateral radiculopathy per EMG; crush injury; multiple orthopedic injuries; multiple metatarsal fractures of the left foot, rule out bilateral knee internal derangement, tibial contusion, right nonunion fracture of the distal fibula; low back pain and neuropraxia right lower leg. The treatment and plan included Ativan 1 mg, Toradol IM, Norco, Prilosec, and Anaprox. Prior utilization review dated 02/15/2014 denied the request that are listed as there is no evidence to support these requests.. A Re-check in 4-6 weeks between 02/13/2014 and 03/30/2014 has been certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LUMBAR EPIDURAL STEROID INJECTION AT RIGHT L5-S1 LEVELS BETWEEN 2/13/2014 AND 3/30/2014: Upheld

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

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

Decision rationale: CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain. There is little to no evidence of radicular pain in a nerve root distribution, particularly in L5-S1 in the physical examination. Furthermore, there is no documentation of trial and failure of conservative management such as physical therapy of a reasonable duration. Therefore the request of Lumbar epidural Injections at Right L5-S1 levels is not medically necessary.

1 X-RAY OF LUMBAR SPINE (ON NEXT VISIT) BETWEEN 2/13/2014 AND 3/30/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic, Radiography (x-rays).

Decision rationale: CA MTUS, ACOEM guidelines, Lumbar spine, X rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. According to ODG guidelines, Lumbar imaging is indicated only when there is severe progressive neurological impairments or signs and symptoms indicating serious underlying pathology or if the patient is a candidate for invasive interventions. The patient is already diagnosed with L5-S1 radiculopathy and there is no evidence of any new trauma, any red flag signs or plan for a surgical intervention in this patient. Therefore, X-ray of the lumbar spine is not medically necessary.

1 X-RAY OF THE BILATERAL ANKLES (ON NEXT VISIT) BETWEEN 2/13/2014 AND 3/30/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle, Radiographs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-373. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle, Radiographs.

Decision rationale: CA MTUS/ACOEM guidelines, routine testing (laboratory tests); plain-film radiographs of the foot or ankle, and special imaging studies are not recommended during the first month of activity limitation, except when a red flag noted on history or examination raises suspicion of a dangerous foot or ankle condition or of referred pain. Per ODG guidelines, X-ray is recommended in chronic ankle pain of uncertain etiology as an initial study or (when there is a suspicion of Reiter's disease, Tarsal Tunnel Syndrome, Morton's neuroma, etc). This patient has already had X-rays and ankle MRI which revealed right Posterior tibial tenosynovitis, non-union fracture and osteochondritis dissecans. The left ankle findings were reported normal. There is no evidence of any new injury, new symptoms or clinical findings to necessitate repeat radiograph. Therefore, X-rays of the bilateral ankles is not medically necessary.

1 TENS(TRANSCUTENEOUS ELECTRICAL NERVE STIMULATION)/EMS (ELECTRICAL MUSCLE STIMULATION) UNIT BETWEEN 2/13/2014 AND 3/30/2014:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-117.

Decision rationale: CA MTUS guidelines, TENS for chronic pain, is recommended as a one-month home-based TENS trial, which may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions such as: Neuropathic pain, Phantom limb pain, Spasticity, and Multiple sclerosis. The medical records do not document a reason for the requested TENS unit. The MTUS, chronic pain medical treatment guidelines criteria for NMES device considers its use primarily as part of a rehabilitation program following stroke associated with leg weakness and inability to ambulate. Therefore, TENS/EMS unit is not medically necessary.

1 REFERRAL TO MD RE: POSSIBLE R ANKLE SX [REDACTED] BETWEEN 2/13/2014 AND 3/30/2014: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent Medical Examinations and Consultations, page 127.

Decision rationale: Per Non-MTUS/ACOEM guidelines, "To aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examine fitness for return to work." There is no evidence of any new trauma, fracture, dislocation, instability, or any new imaging findings in the right ankle to necessitate a referral to surgeon at this time. Therefore referral to MD re: possible right ankle is not medically necessary.

