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| Case Number: | CM14-0038638 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 12/08/2010 |
| Decision Date: | 08/12/2014 | UR Denial Date: | 03/24/2014 |
| Priority: | Standard | Application Received: | 04/02/2014 |

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 Occupational 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:

Patient is a 57 year-old with date of injury 12/08/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/12/2014, lists subjective complaints as constant, moderately severe low back pain and intermittent moderate right ankle pain. Objective findings: Examination revealed painful and limited range of motion of the lumbar spine and right ankle; apparent swelling of the right ankle; palpatory myospasms of the lumbar paraspinal muscles; positive Kemp's test bilaterally; increased pain level with double leg raise; tenderness to palpation of the right ankle. Diagnosis: 1. Lumbago 2. Cephalgia 3. Cervicalgia. Patient underwent an MRI of the lumbar spine on 10/29/2013 which noted a multilevel severe degenerative disc disease and facet arthropathy with grade 1 anterolisthesis L4-5 and retrolisthesis L5-S1, canal stenosis includes L3-4 severe, L4-5 severe, and L5-S1 moderate to severe canal stenosis with some progression of canal stenosis at L3-4 compared to previous exam, neural foraminal narrowing includes L3-4 mild to moderate left, moderate right, L4-5 moderate to severe left, mild to moderate right, and L5-S1 severe bilateral neural foraminal narrowing. Patient underwent an MRI of the left knee on 10/29/2013 which was notable for severe patellofemoral degenerative changes with moderate joint effusion and synovitis and multiple loose bodies. It was noted that the patient has already received an undated lumbar epidural steroid injection and reported greater than 50% improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI(magnetic resonance imaging) of right ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372-374.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle & Foot (Acute & Chronic), Magnetic resonance imaging (MRI).

Decision rationale: The Official Disability Guidelines list several diagnostic criteria which may indicate the need for an MRI of the ankle. Documentation in the medical record is sparse and fails to provide subjective or objective findings which may allow authorization of an MRI.

Right ankle steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376-377.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ankle & Foot (Acute & Chronic), Steroids (injection).

Decision rationale: According to the Official Disability Guidelines, most evidence for the efficacy of intra-articular corticosteroids is confined to the knee, with few studies considering the joints of the foot and ankle. No independent clinical factors were identified that could predict a better postinjection response.

Lumbar L5-S1 ESI(epidural steroid injections): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 46 Page(s): 46.

Decision rationale: The medical record fails to document radiculopathy by physical examination and corroborated by imaging studies and/or electrodiagnostic testing which were required criteria by the MTUS.