

Case Number:	CM13-0045634		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2008
Decision Date:	10/23/2015	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old female who sustained an industrial injury on 09/30/08. A review of the medical records indicates the injured worker is undergoing treatment for right ankle Achilles partial tear, right sided tarsal tunnel syndrome, depression, right knee degeneration, and chronic myofascial pain syndrome. Medical records (10-09-13) reveals the injured worker complains of right ankle and foot pain rated at 5-7/10. She reports that she cannot stand for more than 5-10 minutes. The physical exam (10-09-13) reveals range of motion in the right ankle and knee is restricted. An area of bursal swelling is present behind the right medial malleolus. Allodynia and hyperalgesia are present on the right foot particularly on the lateral malleolus. Treatment has included medications, surgeries, and injections. The original utilization review (10-18-13) non-certified the requested lumbar epidural steroid injection at L5- S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection of L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter CRPS, treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient has complaints of right foot and knee pain with tingling, numbness and paresthesias. The current request for consideration is lumbar ESI of L5-S1. The treating physician requested a translaminar injection at L5/S1 for the treatment of the patient's complex regional pain syndrome (CRPS). The CA MTUS does support the usage of lumbar ESI for the treatment of lumbar radiculopathy that must be corroborated by diagnostic imaging and/or electrical diagnostics. In this case, there is nothing in the medical records to indicate the patient has lumbar radiculopathy on physical examination or by diagnostic studies. The CA MTUS does not recommend epidural steroid injections for CRPS. As such, the medical records do not establish medical necessity for the request of a lumbar ESI at L5/S1 for the treatment of CRPS.