

<b>Case Number:</b>	CM15-0005949		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	02/05/2014
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 43 year old male, who sustained an industrial injury on February 5, 2014. He has reported neck pain after falling from a ladder. The diagnoses have included lumbar strain with multilevel lumbar disc bulges/protrusions based on Magnetic resonance imaging study of April 4, 2014 no objective radiculopathy identified, cervical strain with cervical disc bulges based on Magnetic resonance imaging study of April 3, 2014 and sprain of left ankle with tenosynovitis. Treatment to date has included Magnetic resonance imaging of cervical, lumbar spine, left foot and ankle in April 2014, analgesic ointments, and massage therapy and chiropractic manipulation. Currently, the injured worker complains of chronic and localized left sided low back pain there is not any radiation noted and the symptoms are less at work with the use of a back brace, his pain is managed with home rest and occasional medications. He experiences left ankle pain with standing and walking such as at work but not at rest, he experiences stiffness of the left ankle and pain with inversion and eversion of the foot/ankle manages the pain with rest and medication and he experiences occasional sharp pain in his neck after he tries to arise from a reclining position and with neck ranging and manages his symptoms with medications and rest. He reports frequent headaches at the base of his skull after chiropractic manipulations. On December 26, 2014 Utilization Review non-certified a work conditioning two times a week for four weeks low back and steroid injection to left ankle, noting, Medical Treatment Utilization Schedule Guidelines was cited. On December 18, 2014, the injured worker submitted an application for IMR for review of work conditioning two times a week for four weeks low back and steroid injection to left ankle.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning 2x4 for low back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Conditioning

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning Page(s): 125.

**Decision rationale:** This 43 year old male has complained of neck, low back and ankle pain since date of injury 2/5/14. He has been treated with chiropractic therapy, physical therapy and medications. The current request is for work conditioning 2 x 4 for the low back. Per the MTUS guidelines cited above, a work conditioning program may be indicated if treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau has occurred, but the patient is not likely to benefit from continued physical or occupational therapy. The available provider records do not document the number of sessions of physical therapy performed thus far nor the response the patient has had to the physical therapy. There is also no documentation of clear functional deficits as they relate to specific work requirements/ duties. On the basis of the available medical records and per the MTUS guidelines cited above, work conditioning 2 x 4 for the lower back is not indicated as medically necessary.

**Steroid injection to left ankle:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374 & 376-377. Decision based on Non-MTUS Citation Official Disability Guidelines, Ankle and Foot Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

**Decision rationale:** This 43 year old male has complained of neck, low back and ankle pain since date of injury 2/5/14. He has been treated with chiropractic therapy, physical therapy and medications. The current request is for a steroid injection, left ankle. Per the ACOEM guidelines cited above, invasive procedures have no proven value in the treatment of foot and ankle pain with the exception of corticosteroid injection into the affected web space in patients with Morton's neuroma or into the affected area in patients with plantar fasciitis or heel. There are no such diagnoses listed or supported in the available medical records. On the basis of the ACOEM guidelines and per the available medical documentation, steroid injection, left ankle is not indicated as medically necessary.

