

Case Number:	CM15-0131912		
Date Assigned:	07/20/2015	Date of Injury:	11/22/2011
Decision Date:	08/25/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 38 year old male who sustained an industrial injury on 11-22-11. The mechanism of injury was a fall 12 feet onto a boulder. Diagnoses are localized osteoarthritis of ankle-foot, tendonitis peroneal, and sinus tarsi syndrome. In a follow up note dated 5-14-15, the physician notes the injured worker reported ankle joint pain, right foot stiffness, foot pain in the right foot heel and foot muscle cramps, a burning sensation in the left leg or foot and numbness of the feet. Noted is that there are multiple body parts involved in his injury. He follows up this date with the main concern of the low back and right foot. At the last appointment, he continued to exhibit pain in the foot and ankle. He has failed conservative treatment and has had a peroneal tendon repair with continued foot deformity and pain. His clinical symptoms and physical examination are unchanged. He continues to have low back pain as well. On exam, he continues to have pain and deformity with a varus foot position. The subtalar and tibialar joint is stiff. Midfoot is stiff. There is tenderness to palpation at the achilles tendon insertion and ankle motion was abnormal. The tibialis posterior tendon was tender on palpation, sinus tarsi, and pain was elicited by motion in the peroneus longus and brevis tendons. Ankle weakness was observed. The impression is continued varus foot position with pain. Disability is continued pending foot and ankle treatment. The plan is referral to foot and ankle for evaluation and treatment and Norco 325mg-10mg. Prior treatment noted includes a walking boot, MRI, x-rays, physical therapy, surgery, a brace, injections, and medication. In a progress report dated 1-20-15, the physician notes his low back continues to be painful. He saw neurosurgery who recommended epidural steroid injection combined with physiotherapy for core and back strengthening. A request for authorization dated 6-11-15 notes chronic pain as the diagnosis and the requested treatment is for consultation with the physician for epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with [REDACTED] for epidural steroid injection (ESI): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Consultation with [REDACTED] for epidural steroid injection (ESI) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation is not clear on the need for a pain management consultation. The MTUS states that one of the criteria for the use of epidural steroid injections is that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The documentation does not indicate physical exam findings of radiculopathy. The patient is status post L4-5 epidural in March of 2015 and there is no indication of outcome of this epidural. For this reason, the request for a consultation for an epidural steroid injection is not medically necessary.