

Case Number:	CM15-0139111		
Date Assigned:	07/29/2015	Date of Injury:	01/03/2013
Decision Date:	08/26/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/17/2015

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: California
 Certification(s)/Specialty: Emergency 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 57 year old female, who sustained an industrial injury on January 3, 2013, incurring right shoulder, upper back and lower back injuries. Magnetic Resonance Imaging of the lumbar spine revealed disc herniation effacing the thecal sac and lumbar disc protrusion. Cervical Magnetic Resonance Imaging showed disc herniation and compression on the nerve root. She was diagnosed with lumbar spine myoligamentous injury with bilateral lower extremity radicular symptoms, cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms, right shoulder internal derangement, left ankle internal derangement and right medial epicondylitis. Treatment included lumbar epidural steroid injection, cervical epidural steroid injection, acupuncture, physical therapy, trigger point injections, anti-inflammatory drugs, proton pump inhibitor and activity modifications. Currently, the injured worker complained of persistent low back pain radiating into the right hip. She complained of left ankle and foot pain with numbness. Magnetic Resonance Imaging of the left ankle indicated a partial thickness tear of the tibial fibular ligament, Magnetic Resonance Imaging of the left foot revealed synovial ganglion cyst with hallux valgus. The treatment plan that was requested for authorization included three injections into the left foot and three follow up office visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 injections into the left foot: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 19.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot, Steroids - Injection.

Decision rationale: The requested 3 injections into the left foot is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Ankle and Foot, Steroids - Injection noted: "Under study. There is little information available from trials to support the use of peritendinous steroid injection in the treatment of acute or chronic Achilles tendinitis. (McLauchlan, 2002) 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 post-injection response." The injured worker has persistent low back pain radiating into the right hip. She complained of left ankle and foot pain with numbness. Magnetic Resonance Imaging of the left ankle indicated a partial thickness tear of the tibial fibular ligament, Magnetic Resonance Imaging of the left foot revealed synovial ganglion cyst with hallux valgus. The treating physician has not documented the medical necessity for injections nor three follow-up office visits. The criteria noted above not having been met, 3 injections into the left foot is not medically necessary.

3 follow up office visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested 3 follow up office visits is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary". The injured worker has persistent low back pain radiating into the right hip. She complained of left ankle and foot pain with numbness. Magnetic Resonance Imaging of the left ankle indicated a partial thickness tear of the tibial fibular ligament, Magnetic Resonance Imaging of the left foot revealed synovial ganglion cyst with hallux valgus. The treating physician has not documented the medical necessity for injections nor three follow-up office visits. The criteria noted above not having been met, 3 follow up office visits is not medically necessary.