

Case Number:	CM15-0042935		
Date Assigned:	03/13/2015	Date of Injury:	11/22/2011
Decision Date:	04/15/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/06/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

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. Injury occurred when he slipped and fell approximately 10 feet down a steep hillside, then fell down a mine shaft while fighting a fire. He sustained injuries to the low back, right hip, and right ankle. He underwent right foot peroneal tendon repair on 9/17/12, Brostrom ankle repair and peroneal tendon repair on 1/6/14, and a right sacroiliac joint injection in May 2014. The 10/8/14 lumbar MRI impression documented minimal discogenic disease at L4/5 with moderate broad-based disc and osteophytes at L4/5 and minimal at L5/S1 slightly indenting the thecal sac at the L4/5 level. There was minimal neuroforaminal encroachment at L1/2 and L5/S1, and mild at L2/3, L3/4, and L4/5. The 12/15/14 progress report cited ankle joint pain and swelling, right heel pain, and tingling of the feet and a burning sensation in the right leg and foot. The right ankle exam documented tenderness over the sinus tarsi, pain with sinus tarsi movement, and tenderness over the peroneus longus and brevis tendons. There was bilateral ankle swelling, abnormal and painful ankle motion, tenderness to palpation, and no instability. There was foot swelling with positive tarsal Tinel's. The treatment was peroneal tendonitis, neuritis, and rearfoot varus. Authorization was requested for the injured worker to seek pain management. Records documented that requests for epidural steroid injection were non-certified in utilization review on 1/28/14 and 2/3/15. The 2/4/15 utilization review denied the request for physical therapy after epidural steroid injection 3 times per week for 6 weeks, as the associated epidural steroid injection was not found medically necessary and guidelines only supported 2 post-injection visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 6: 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 Introduction; Physical Medicine Page(s): 9, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic: Physical therapy (PT).

Decision rationale: The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guidelines generally support up to 10 visits for neuralgia, neuritis or radiculitis. The Official Disability Guidelines generally support 1 to 2 visits following epidural steroid injection. Guideline criteria have not been met. There is no documentation of functional treatment goals for the requested physical therapy. There is no functional assessment or specific functional deficit identified to be addressed following epidural steroid injection. There is compelling reason to support the medical necessity of physical therapy in excess of guideline recommendations and functional treatment goals. Therefore, this request is not medically necessary.

Post-op epidural steroid injection at L4-5: 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 Epidural steroid injection (ESIs) Page(s): 46.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) supports the use of epidural steroid injections as an option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been unresponsive to conservative treatment. Guideline criteria have not been met. There is no current clinical exam evidence of radiculopathy, or specific documentation of a radicular pain pattern to support the medical necessity of this request. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the low back and failure has not been submitted. Therefore, this request is not medically necessary.

