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| Case Number: | CM15-0047211 | | |
| Date Assigned: | 03/19/2015 | Date of Injury: | 02/03/2004 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 02/11/2015 |
| Priority: | Standard | Application Received: | 03/12/2015 |

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 64 year old female who sustained an industrial injury on 2/3/04. There was no mechanism of injury noted or initial complaints. She currently complains of painful right and left foot. Her pain intensity is 4-5/10. Medications include Lyrica. Diagnoses include idiopathic progressive polyneuropathy; osteoarthritis- ankle; enthesopathy; pain in limb. Treatments to date include orthotics, medications which are effective in pain relief, cortisone injections (3/13) with relief of pain for 4-5 months. No diagnostics were noted. In the progress note dated 8/21/13 the treating provider recommended left ankle steroid injection for relief of pain. The latest progress note dated 2/2/15 the treating physician does not mention steroid injections only Lyrica for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left ankle steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Ankle/Foot, Intra-articular corticosteroids.

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

Decision rationale: According to the Official Disability Guidelines, 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. Outpatient left ankle steroid injection is not medically necessary.