MAXIMUS Federal Services

Case Number:	CM15-0087535		
Date Assigned:	05/11/2015	Date of Injury:	05/25/2014
Decision Date:	06/19/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/06/2015

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: 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:

This is a 63 year old male with a May 25, 2014 date of injury. A progress note dated January 22, 2015 documents subjective findings (tension in the neck rated at a level of 6/10; some tingling and numbness to the hands; constant lower back pain with intermittent popping; lower back pain rated at a level of 7/10; weakness with pins and needles radiating to the right buttock and down into the foot), objective findings (severely antalgic gait; unable to perform heel and toe walk due to pain and instability; tenderness to palpation over the lumbar midline and paraspinals; spasm noted over the bilateral paraspinals, right much greater than left; decreased range of motion of the lumbar spine; decreased sensation of the right L4, L5 and S1 dermatome; positive right straight leg raise), and current diagnoses (lumbar sprain/strain; lumbar radiculopathy; right ankle avulsion fracture; right ankle sprain/strain). Treatments to date have included medications (including Flexeril and Naproxen), magnetic resonance imaging right ankle (showed avulsion fracture), magnetic resonance imaging of the lumbar spine (showed mild to moderate canal and bilateral foraminal stenosis; probable hemangiomata in the left L2 pedicle and the T11 vertebral body), electromyogram/nerve conduction study of the bilateral lower extremities (showed bilateral S1 radiculopathy), physical therapy (minimal benefit), and home exercise. The medical record identifies that medications reduce the pain 10% and do not allow for functional improvement. The injured worker reported that the medications cause lightheadedness and dizziness when taken daily. The treating physician documented a plan of care that included follow up with orthopedics, follow up with podiatry, and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up care with podiatry for right foot/ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no appropriate rationale for chronic pain management. Pain is chronic and unchanged from baseline. Documentation does not clearly state justification for consult. Consultation to a chronic pain management specialist is not medically necessary.

Pain Management consultation for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

Decision rationale: Since consultation for pain specialist is for epidural steroid injection, this review will determine medical necessity based on the necessity of lumbar epidural steroid injection. As per MTUS Chronic Pain Guidelines, Epidural Steroid Injections(ESI) may be useful in radicular pain and may recommended if it meets criteria. 1) Goal of ESI: ESI has no long term benefit. It can decrease pain in short term to allow for increasingly active therapy or to avoid surgery. The documentation fails to provide rationale for LESI at this time. Documentation states that ESI was for pain control only. There is no plan for any additional physical therapy or other treatment modalities. Patient has referral to a spine surgeon planning. If Spine surgeon has not recommended ESI to avoid surgery. There is no long term plan noted. Fails criteria. 2) Unresponsive to conservative treatment. Patient has extensive conservative care that has failed. Meets criteria. Patient fails criteria for lumbar epidural steroid injection. Lumbar epidural steroid injection is not medically necessary and therefore referral to pain management for ESI is not indicated.