MAXIMUS Federal Services

Case Number:	CM14-0172392		
Date Assigned:	10/23/2014	Date of Injury:	02/08/2005
Decision Date:	11/25/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/17/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old male who sustained an injury on 2/8/05. As per 8/7/14 report, he presented with continued pain in his both feet and ankles and pain in his left knee. Examination revealed diffuse palpable tenderness of the right foot and ankle with lateral palpable tenderness, and marked callous formation on the plantar aspect of the first metatarsophalangeal joint of the left foot; he wore a left ankle brace. There was diffuse palpable tenderness, and he wore a left knee brace. MRI scan dated 4/27/09, revealed moderate arthropathy involving the anterolateral tibiotalar joint, anterior subtalar joint and navicular cuneiform joints; small osteochondritis dissecans in the posterolateral talar dome; mild plantar fasciitis; and hallux valgus of the first metatarsophalangeal joint. MRI of the left knee dated 12/21/11, documented partial tear of the anterior cruciate ligament and tear of the medial meniscus. Past surgeries have included left foot hardware removal with ostectomy, left gastrocnemius resection, left fibular fracture fragment excision, left subtalar joint arthroereisis; left first metatarsal cuneiform fusion with allograft; and left first metatarsal cheilectomy. Her current medications include Cymbalta, Brintellix, Tramadol, Klonopin, Dexilant, and Lidoderm 5% patch. There was no reference to the caudal epidural steroid injections in the documents submitted. Diagnoses included right foot and ankle sprain, right knee tendinitis, low back pain, and left knee medial meniscus tear. The request for caudal epidural steroid injection with fluoroscopy & anesthesia was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural Steroid Injection with Fluoroscopy & Anesthesia: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. As per CA MTUS guidelines, Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). In this case, there is no clear evidence of radiculopathy on the exam. There is no imaging or electrodiagnostic evidence of nerve root compression. There is no documentation of trial and failure of conservative management such as physiotherapy (i.e. physical therapy progress notes). Therefore, the medical necessity of the request for ESI is not established per guidelines. Due to lack of documentation and based on guidelines, this request is not medically necessary.