

Case Number:	CM15-0118337		
Date Assigned:	06/26/2015	Date of Injury:	01/30/2014
Decision Date:	07/27/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43-year-old male with an industrial injury dated 01/30/2014. On 09/16/2013 while unloading a refrigerator, that was inside a truck he fell on to the floor of the truck experiencing pain in his neck and lower, back. On 01/30/2014, he experienced a second fall with pain and swelling in his left ankle, leg and left arm. His diagnoses included traumatic crush injury of left foot and ankle with swelling and hypoesthesia over the dorsum of the foot. Comorbid diagnosis was diabetes. Prior treatment included soft ankle brace, aqua therapy, trigger point injections, physical therapy, chiropractic treatment and a cane. He received 1 lumbar epidural injection which he states provided temporary relief of his symptoms (documented in progress note dated 02/04/2015.) The progress note dated 03/18/2015 is the most recent note in the submitted records. The injured worker presents on this date with complaints of left foot and ankle pain rated as 6-7/10. He had difficulty with prolonged standing and prolonged walking. He was taking anti-inflammatory medication and doing at home exercises. Physical exam revealed the use of a soft ankle brace. There was no gross deformity, no masses or swelling. There was tenderness to palpation over the dorsum of the foot. There was hypoesthesia over the dorsum of the foot. There was decreased range of motion with pain and weakness. The treatment request is for (ESI) lumbar epidural steroid injection (level not given.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI (level not given): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for headaches, neck pain, and upper and lower back pain, and frequent pain and numbness in the lower extremities. An epidural steroid injection was performed in September 2014. When seen, there is reference to improvement following the injection performed. There was decreased spinal range of motion with multiple trigger points. There was an antalgic gait with use of a cane. There was decreased left upper and lower extremity sensation. Guidelines recommend that, in the therapeutic phase, repeat injections should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks. In this case, the degree and duration of any pain relief following the injection in September 2014 is not documented. The requested repeat lumbar epidural steroid injection was not medically necessary.