

Case Number:	CM15-0172692		
Date Assigned:	09/14/2015	Date of Injury:	04/16/2015
Decision Date:	10/14/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/01/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 female who sustained an injury on 4-16-15 resulting when she fell of the curb; broke her fall with left arm and twisted her left ankle. X-rays right ankle revealed no acute fracture. Treatment included modified work; physical therapy evaluation and treatment 2 x week for 3 weeks; Motrin for pain; ice and aluminum cane. Diagnoses are left ankle sprain; left ankle pain. An evaluation on 6-3-15 indicates that she reports after physical therapy she still had difficulty walking and pain; and had difficulty walking. Physical examination reveals antalgic gait; difficulty rising from the chair and unable to get on the examination table; left lower extremity muscle strength of major groups is 5-5. On 6-17-15, she reports pain in the mid-thoracic spine and lower lumbar spine bilaterally with pain radiating down left lower extremity, primarily in the buttock and posterior thigh on the left. Walking, prolonged sitting, bending and driving aggravate the pain and she continues to have shooting pain in the left ankle when she puts weight on her ankle. The examination on 7-1-15 (physical therapy) reports physical therapy and acupuncture for the left ankle until 7-9-15 and the records indicate a request for a 30-day extension for both of these treatments. The goal was to decrease the pain and functional improvement. The examination indicates constant pain with walking and sharp pains with certain movements; evaluation assessment reports signs and symptoms consistent of left ankle sprain contributing to limited flexibility; joint mobility and soft dysfunction. These limit her ability to walk, stand and perform activities of daily living. The most current examination on 8-12-15 she has pain in the lateral aspect of the left ankle. It was noted that she didn't have enough time to complete the previously approved sessions of medical

acupuncture and physical therapy for her ankle injury. Requested physical therapy x 8 sessions left ankle stabilization and strengthening program. Utilization review 8-25-15 requested treatment was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x8 visits for the left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Ankle and Foot Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle/Foot Sprain Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: 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. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks 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, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient has the documentation of back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborates dermatomal radiculopathy found on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not certified.