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| Case Number: | CM15-0037265 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 01/29/2013 |
| Decision Date: | 05/07/2015 | UR Denial Date: | 02/09/2015 |
| Priority: | Standard | Application Received: | 02/27/2015 |

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, Washington

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 39-year-old male who reported injury on 01/29/2013. The mechanism of injury was the injured worker was descending from a stepladder when he slipped and fell, resulting in his left leg being tangled in the ladder; the injured worker landed on his buttocks and back on the concrete floor. The diagnoses included lumbar sprain and strain; villonodular synovitis, ankle and foot; displacement of lumbar intervertebral disc without myelopathy; sprain and strain, unspecified site of knee and leg; and neck sprain and strain. The documentation of 11/26/2014 revealed the injured worker had mid back, low back, and left ankle/foot pain that was moderate. The injured worker had radiation of the low back pain. The injured worker had palpable tenderness in the left ankle, with decreased range of motion. The injured worker had palpable tenderness of the cervical spine and lumbar spine, with spasms and decreased range of motion. The treatment plan included chiropractic care, a series of 3 epidural injections, and a neurosurgical consultation. The injured worker underwent an MRI of the thoracic spine on 06/13/2014, which revealed at T7-8, there was a 1 to 2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. The injured worker underwent nerve conduction studies of the bilateral lower extremities on 04/18/2014, which revealed no electrophysiologic evidence of entrapment neuropathy or neuropathy on the peroneal and tibial nerves. There was no electrophysiologic evidence to support motor radiculopathy in the lower extremities, and there was no electrophysiologic evidence to support distal peripheral neuropathy in the lower extremities. It was noted to be a normal study. The injured worker underwent an MRI of the left ankle without contrast on 10/02/2013, which revealed no evidence of stress

fracture or stress reaction. The Achilles tendon was normal. The plantar aponeurosis was normal. There is no evidence of plantar fasciitis. There was mild to moderate tenosynovitis changes of the common peroneal tendon sheath in the retromalleolar location. There was tendinopathy and a partial longitudinal split tear of the inframalleolar portion of the peroneus brevis tendon. The peroneus brevis tendon assumed normal morphology and shape before its attachment to the base of the fifth metatarsal. There were moderate chondromalacia changes of the distal tibia and talus, with subchondral degenerative cystic changes in the distal tibia. There were tenosynovitis changes of the myotendinous junction of the flexor hallucis longus.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic times 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 46, 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58, 59.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that manual therapy and manipulation are recommended for chronic pain if they are caused by musculoskeletal conditions. For the low back, the recommendation is a therapeutic trial of 6 sessions. Treatment is not recommended for the ankle and foot. The clinical documentation submitted for review failed to provide documentation of the body part to be treated with chiropractic therapy. Additionally, there was a lack of documentation of objective findings to support the injured worker had a musculoskeletal condition that would respond to manual therapy. Given the above and the lack of documentation, the request for chiropractic x8 visits is not medically necessary.

Left ankle intra-articular injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) section: ankle and foot (acute & chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 369-371.

Decision rationale: The American College of Occupational and Environmental Medicine indicate that invasive techniques, including injections, have no proven value, with the exception of corticosteroids into the affected web space in the Morton's neuroma or into the affected area in injured workers with plantar fasciitis or a heel spur if 4 to 6 weeks of conservative therapy is ineffective. The clinical documentation submitted for review failed to provide documentation of conservative therapy that was provided. The documentation failed to indicate the injured worker

had plantar fasciitis. Given the above and the lack of documentation, the request for left ankle intra-articular injection is not medically necessary.

3 lumbar epidural injections: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend epidural steroid injections when there is documentation of radicular findings upon physical examination that are corroborated by electrodiagnostics or imaging studies. There should be documentation of a failure of conservative care, including exercise, NSAIDs, muscle relaxants, and physical medicine treatment. The guidelines further indicate there should not be a series of 3 injections in the diagnostic or therapeutic phase. The clinical documentation submitted for review failed to provide objective findings upon physical examination. There was a lack of documentation of corroboration with electrodiagnostics or MRI findings. The request as submitted failed to indicate the level and laterality to be treated. There was a lack of documentation of exceptional factors, as 3 injections are not supported per the referenced guidelines. Given the above, the request for 3 lumbar epidural injections is not medically necessary.