

Case Number:	CM15-0046465		
Date Assigned:	03/18/2015	Date of Injury:	03/24/2014
Decision Date:	04/23/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/11/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 44-year-old male sustained an industrial injury to the left foot on 3/24/14. The injured worker was diagnosed with a left foot Lisfranc fracture dislocation. Previous treatment included open reduction internal fixation left foot fracture, left foot arthrodesis, casting, home exercise, physical therapy, magnetic resonance imaging and medications. The injured worker subsequently developed low back pain. In a request for authorization dated 1/20/15, the injured worker complained of 10/10 sciatic pain in the right leg and 7/10 left foot pain. Physical exam was remarkable for tenderness to palpation to the left foot with 4/5 strength about the left ankle and foot, diminished sensation in the L4-5 lumbar distributions on the right and positive straight leg raise. Current diagnoses included lumbar disc protrusion with sciatica, status post left mid foot arthrodesis with possible nonunion, symptomatic hardware, second metatarsal joint synovitis and third web space neuroma secondary to altered gait pattern. The physician noted that the injured worker's symptoms were ongoing despite medication and physical therapy, with radicular pain and positive magnetic resonance imaging findings. The treatment plan included epidural steroid injections at L1-2 and L2-3 and computed tomography left foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Injection L1-2 and L2-3: 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 injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Epidural steroid injections.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injections at L1 - L2 and L2 - L3 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); 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 6 to 8 weeks, etc. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications and functional response, etc. See the guidelines for details. In this case, the injured worker's working diagnoses are 3 mm disc protrusion L1-L2, L2-L3 with sciatica; and status post left mid foot arthrodesis with possible nonunion, symptomatic hardware, second metatarsal joint synovitis, third web space neuroma secondary to altered gait pattern. The documentation according to a February 10, 2015 progress note shows a VAS pain scale of 10/10 in the right leg and 7/10 left foot pain. Physical exam shows tenderness over the hardware and 4/5-ankle inversion/eversion strength, toe flexion strength left foot. There is diminished sensation of the L4 - L5 nerve distribution on the right with weakness right ankle dorsiflexion 4/5 and positive straight leg raising. Additionally, there were no objective radicular findings at the L1 - L2 and L2 -L3 levels on physical examination. Epidural steroid injections require an initial period of conservative treatment. According to a progress note dated October 14, 2014, physical therapy two times per week times six weeks was requested (the lumbar spine) and denied. The injured worker did not receive initial conservative treatment with exercises or physical methods. The worker takes Aleve (OTC NSAID). Consequently, absent clinical documentation of objective radicular findings at L1-L2 and L2 - L3 in addition to conservative treatment to the lumbar spine, epidural steroid injections at L1 - L2 and L2 - L3 is not medically necessary.