MAXIMUS Federal Services

Case Number:	CM13-0008129		
Date Assigned:	03/07/2014	Date of Injury:	11/22/2010
Decision Date:	06/30/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/07/2013

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 22, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy and manipulative therapy over the life of the claim. The applicant's case and care have been complicated by comorbid diabetes. In a Utilization Review Report dated July 22, 2013, the claims administrator denied a request for a series of two epidural steroid injections. The applicant's attorney subsequently appealed. The claims administrator based its denial on the lack of clear evidence of radiculopathy, citing the misnumbered page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a handwritten progress note dated May 6, 2013, authorization was sought for epidural steroid injection therapy. The note was handwritten and difficult to follow. The applicant was described as having persistent complaints of low back pain and positive straight leg raising, admittedly through usage of preprinted checkboxes. The applicant was also described as having comorbid knee complaints, it was further noted In a medical-legal evaluation dated March 15, 2013, the applicant was described as having had earlier electrodiagnostic testing of October 2012 which was negative for any electrodiagnostic evidence of radiculopathy. The applicant was given a permanent impairment rating. On January 15, 2013, the applicant was described as having comorbid issues with diabetes and hypertension which were impeding and delaying his recovery. In a consultation dated July 11, 2013, the applicant was described as reporting persistent complaints of low back pain. It was stated that epidural steroid injection therapy should be employed on the grounds that some radiculopathies are not necessarily electrodiagnostically confirmed. The applicant did have positive straight leg

raising on the left side with associated right leg numbness appreciated on exam. A series of two epidural steroid injections were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT ESI UNDER FLUOROSCOPIC GUIDANCE INTERLAMINAR APPROACH L5-S1 x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS TOPIC. Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, a series of three epidural steroid injections is not recommended. By implication, a series of two epidural injections is likewise not recommended. The MTUS recommends basing pursuit of repeat injections on a favorable response in terms of pain relief and functional improvement with earlier injection therapy. While one epidural steroid injection could have been approved on the grounds that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural injections, partial certifications or conditional certifications are not permissible through the Independent Medical Review System. Therefore, the request is not medically necessary and appropriate.