

Case Number:	CM13-0013249		
Date Assigned:	04/09/2014	Date of Injury:	06/29/2011
Decision Date:	05/20/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/16/2013

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 and hip pain reportedly associated with an industrial injury of June 29, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, transfer of care to and from various providers in various specialties; and unspecified amounts of aquatic therapy and acupuncture. In a Utilization Review Report of August 9, 2013, the claims administrator denied a request for epidural steroid injection therapy, noting that the applicant had had an earlier epidural steroid injection in either 2009 or 2010, the results of which were unknown. The claims administrator did acknowledge that an MRI of lumbar spine of October 29, 2012 had demonstrated severe spinal and neuroforaminal stenosis with disk protrusion and facet arthropathy. The applicant's attorney subsequently appealed the denial. A November 7, 2012 progress note is notable for comments that the applicant is off of work, on total temporary disability. In a procedure note of October 11, 2013, the applicant apparently underwent an epidural steroid injection. An earlier note of September 20, 2013 was notable for comments that the applicant had persistent low back issues and had an earlier epidural steroid injection on September 16, 2013 which reportedly reduced her pain levels at 25%. The applicant was again placed off of work, on total temporary disability. Pennsaid ointment and Zolpidem were endorsed. The applicant was asked to try and lose weight. The remainder of the file was surveyed. There was no conclusive evidence that the applicant had in fact had earlier epidural steroid injection therapy. The bulk of the applicant's initial care and treatment focused on her knee. In a May 13, 2013 note, the attending provider wrote that he would refer the applicant to pain management to consider an epidural steroid injection. On June 7, 2013, the applicant was described as having persistent low back pain complaints radiating to the hips in an L4-L5 distribution. The pain was scored at 4/10. The applicant was reportedly

anxious as a result of her pain. Straight leg raising was positive with symmetric reflexes and normal gait appreciated. An L3-L4 epidural steroid injection was sought. In a June 21, 2013 progress note, the applicant's pain physician stated the applicant had undergone previous epidural injections in either 2009 or 2010, i.e. before the date of injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTION AT L3-4: Overturned

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. The MTUS does, furthermore, support up to two diagnostic blocks. In this case, the applicant does have ongoing complaints of low back pain and associated radicular complaints in the L4-L5 distribution. There are significant radiographic changes at the L3-L3 level suggestive of neural impingement at that level. A trial diagnostic (and potentially therapeutic) epidural block is therefore indicated. It is noted that, contrary to what was suggested by the claims administrator and one of the applicant's treating physicians, there is no concrete evidence that the applicant in fact had an epidural steroid injection in 2009 or 2010. If so, this would have transpired before the industrial injury. Accordingly, for all of the stated reasons, the original utilization review decision is overturned. The request is medically necessary and appropriate.