MAXIMUS Federal Services

Case Number:	CM13-0018745		
Date Assigned:	03/26/2014	Date of Injury:	12/12/2008
Decision Date:	04/30/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/30/2013

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 represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 12, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; knee arthroscopies; a left foot fusion surgery; and the apparent imposition of permanent work restrictions. In a utilization review report of August 21, 2013, the claims administrator denied a request for epidural steroid injection therapy, noting that the applicant had had an earlier injection in February 2013. It is incidentally noted that the claims administrator did cite mislabeled, non- MTUS, and now-outdated ODG Guidelines which were mislabeled as originating from the Medical Treatment Utilization Schedule (MTUS). There was a reference to the AMA Guides, Fifth Edition, which is no longer part of the ODG epidural steroid injection topic and is not part of the MTUS epidural steroid injection topic. The applicant's attorney appealed. In a January 21, 2014 progress note, the applicant is described as reporting low back radiating to the bilateral lower extremities with numbness and tingling about the same. The applicant is having difficulty with prolonged standing and walking. It is stated that the applicant had a prior epidural done one month ago which resulted in resolution of numbness and tingling for up to four months. The applicant has positive straight leg raising with generalized lower extremity weakness and hypo-sensorium about the left leg greater than right. A repeat epidural steroid injection is again sought. It is stated that the applicant's Agreed Medical Evaluator (AME) did endorse up to two epidural steroid injections a year. The applicant's permanent work restrictions are unchanged. An earlier progress note of October 15, 2013 is notable for comments that the applicant achieved 60 to 70% pain relief for four months following a February 2013 epidural injection and that this resulted in the applicant's being able to intensify her home exercise program with less discomfort. An earlier lumbar MRI of August 29, 2009 is notable for

facet degenerative changes and neuroforaminal narrowing, multilevel, including most prominently at L3-L4 and L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTERLAMINAR LUMBAR EPIDURAL STEROID INJECTION AT LEVELS L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTION (ESIS).

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural steroid injections should be predicated on evidence of functional improvement and analgesia with prior blocks. In this case, the attending provider has seemingly posited that the applicant did achieve the requisite analgesia with prior epidural steroid injection therapy. The attending provider has suggested that the prior epidural steroid injection did improve the applicant's ability to perform home exercises for a period of approximately four months following the epidural injection in question. Given the favorable response to an earlier epidural steroid injection, the request for interlaminar lumbar epidural steroid injection at levels L5-S1 is medically necessary and appropriate.