

Case Number:	CM13-0030559		
Date Assigned:	11/27/2013	Date of Injury:	12/31/2007
Decision Date:	01/15/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 December 31, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of the lumbar spine of August 8, 2012, notable for low-grade disc bulges at L2-L3, L3-L4, and L4-L5 in a 1- to 2-mm range; transfer of care to and from various providers in various specialties; and unspecified amounts of chiropractic manipulative therapy. In a utilization review report of September 10, 2013, the claims administrator denied a request for a lumbar epidural steroid injection. The applicant's attorney later appealed, on September 18, 2013. An earlier note of October 2, 2013, is notable for comments that the applicant reports continued improvement following a previous injection. He reports some tingling about the right leg. Medications and creams are diminishing his pain. He is given medication refills and is asked to pursue an epidural steroid injection on the grounds that he has failed conservative measures. An earlier note of October 31, 2013, is notable for comments that the applicant is doing his usual and customary work and may consider doing so. In an earlier note of September 4, 2013, it is stated that the applicant reports 7/10 low back pain radiating to the right leg. Medications are helping. The applicant does have positive straight leg raising with intact sensorium and strength in the lower extremities. It is stated that the applicant has demonstrated improvement with a prior epidural steroid injection. Therefore, a repeat injection is sought. An earlier note of July 1, 2013, is again notable for comments that the applicant has returned to regular work. Finally, in a procedure note of April 24, 2013, it does appear that the applicant underwent an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, the criteria for pursuit of repeat epidural steroid injections include evidence of functional improvement and pain relief. In this case, there is some seeming evidence that the applicant has effected functional improvement as evidenced by his successful return to work. Subjectively, he does report the requisite pain relief, reportedly in the "60%" range. He does seemingly have active signs and symptoms of lumbar radiculopathy clinically, although it is noted that there does appear to be a relative paucity of radiographic findings. Nevertheless, on balance, pursuing repeat injections is indicated in light of the applicant's functional improvement with the prior injection. Therefore, the original utilization review decision is overturned. The request is certified.