

Case Number:	CM13-0031570		
Date Assigned:	12/04/2013	Date of Injury:	08/31/2005
Decision Date:	02/03/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/03/2013

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 industrial injury of August 31, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture over the life of the claim; prior sacroiliac joint injections on July 30, 2013; unspecified amounts of physical therapy; unspecified amounts of massage therapy; trigger point injections; and a CT scan of the lumbar spine of April 2, 2007, notable for moderate central canal stenosis at L4-L5; and a walker. The applicant's case and care have been complicated by HLA-B27 positive ankylosing spondylitis; it was suggested on an acupuncture note of October 26, 2013. In a Utilization Review Report of September 23, 2013, the claims administrator denied a request for an epidural steroid injection, citing a lack of clear cut lumbar radiculopathy for which MRI imaging could be endorsed. In a September 23, 2013 progress note, the applicant is asked to continue Remicade, a gym membership, exercise therapy, and physical therapy for back pain, neuropathy, sacroiliitis, ankylosing spondylitis, and headaches. The applicant is reporting low back pain radiating to the hips and legs, it is stated with tenderness about numerous muscle groups, including the lumbar paraspinals.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection, anesthetic agent and/or steroid, transforaminal epidural with imaging guidance; lumbosacral or sacral, single level: Upheld

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.

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 corroborated by imaging studies or electrodiagnostic studies. While up to two diagnostic epidural steroid blocks can be supported, in this case, the attending provider has not proffered any clear rationale alongside the request for the proposed epidural steroid injections. It appears, furthermore, that the applicant had been given a diagnosis of chronic low back pain and ankylosing spondylitis with associated SI joint arthropathy. There is comparatively little or no mention made of radicular complaints or radicular symptoms. The attending provider has not clearly stated whether he intends the blocks to be diagnostic, therapeutic, or a combination of two. No compelling rationale for the epidural steroid injection was proffered. The attending provider(s) appear to have focused their letters, appeals, progress notes, etc. on the applicant's SI joint pathology, ankylosing spondylitis, and on the merits of acupuncture. There is comparatively little or no mention made of radicular issues or radicular symptoms. For all of these reasons, therefore, the request is not certified.