

Case Number:	CM13-0035993		
Date Assigned:	12/13/2013	Date of Injury:	06/27/2013
Decision Date:	04/02/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/18/2013

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 represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of June 27, 2013. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties, six sessions of manipulative therapy and 14 sessions of physical therapy. In a utilization review report of October 4, 2013, the claims administrator denied a request for L3-L4 and L4-L5 epidural steroid injections, seemingly citing both chapter 12 ACOEM Guidelines and MTUS Chronic Pain Medical Treatment Guidelines. In a clinical progress note of August 14, 2013, the applicant presented with low back pain radiating from the low back to the left leg. Right hand numbness was also noted. The applicant exhibited intact lower extremity sensation and strength with positive straight leg rising. Work restrictions and physical therapy were endorsed. On September 17, 2013, the applicant was described as walking with a cane. On October 1, 2013, the applicant was described as having heightened low back and left leg pain. MRI imaging is noted of July 29, 2013, which demonstrates disk bulging at L3-L4 and L4-L5. A broad based disk bulge was noted at L5-S1. A rather prospective 10 pound lifting limitation was endorsed.

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 and L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, page 300, epidural steroid injections may afford "short-term improvement" in leg pain and sensory deficits in applicants with nerve root compression due to herniated disk. In this case, the applicant did have evidence of disk protrusions, disk bulging/disk herniation evident at the levels in question. The applicant did have radicular complaints as of the date of the utilization review report which had proven recalcitrant to time, medications, physical therapy, manipulation, etc. A trial epidural steroid injection was indicated for short-term pain relief purposes, as suggested by ACOEM. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.