

Case Number:	CM13-0039250		
Date Assigned:	12/18/2013	Date of Injury:	06/01/2003
Decision Date:	04/03/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/04/2013

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 June 1, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior lumbar laminectomy surgery; transfer of care to and from various providers in various specialties; a TENS unit; unspecified amounts of physical therapy and aquatic therapy; and an implantation of an intrathecal pump. In a utilization review report of June 1, 2003, the claims administrator denied a request for epidural steroid injection therapy, stating that the applicant did not have any evidence of radiculopathy for which epidural steroid injection therapy would be indicated. The applicant's attorney subsequently appealed. An earlier note of September 11, 2013 is notable for comments that the applicant has an intrathecal pump in place. The applicant is on Norco, Neurontin, and the intrathecal pump. On September 12, 2013, the applicant is described as having long-standing low back pain. The applicant reports 8-10/10 pain and is having difficulty with sleep secondary to pain. The applicant's case and care have been complicated by comorbid diabetes. The applicant is on Zyrtec, Atarax, Lovastatin, Prilosec, insulin, Soma, Neurontin, and Lortab. Muscle tightness is noted with limited lumbar range of motion noted. There is tenderness noted about the L5 distribution. The applicant is given medication refills. A series of three epidural steroid injections and Neurontin are endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California ESI, Criteria for the use of Epidural steroid injections.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are endorsed in the treatment of radiculopathy. It is noted, however, that repeat injections should be predicated on evidence of functional improvement with prior injections. In this case, however, the attending provider has not clearly stated whether the applicant has had prior injections or not and/or what the response was. It is not clearly stated which level the injection in question is being targeted at. It is further noted that the attending provider has sought authorization for a series of three epidural steroid injections, which is contravened by page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, which notes that there is no evidence to support a series of three epidural steroid injections. The MTUS further notes that an applicant should be reevaluated after each injection to determine the presence of functional improvement following the same. For all the stated reasons, then, the request is not certified, on independent medical review.