

Case Number:	CM13-0047028		
Date Assigned:	12/27/2013	Date of Injury:	08/01/2013
Decision Date:	02/19/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/04/2013

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, mid back, and knee pain reportedly associated with an industrial injury of August 1, 2013. Thus far, the applicant has been treated with the following: analgesic medications, muscle relaxants, unspecified amounts of physical therapy, chiropractic therapy, acupuncture, a lumbar support, and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 25, 2013, the claims administrator denied a request for epidural injections, once a week, for three weeks, citing lack of supporting documentation. The applicant's attorney later appealed. According to the medical records, the applicant has completed manipulative therapy directly to the back and lumbar spine on December 27, 2013. However, the applicant is still having tingling in the lower extremities. The applicant is on Norco, Fexmid, and Prilosec and reports 5 to 8/10 pain. Large portions of the medical notes are handwritten and are not entirely legible. The applicant is asked to continue chiropractic manipulative therapy, acupuncture, and obtain lumbar epidural steroid injections. The applicant is placed off of work on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injections, once a week for 3 weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 12, table 12-8, epidural corticosteroid injections for radicular pain, to avoid surgery, are considered "optional." ACOEM further notes that invasive technique such as epidural steroid injections are of "questionable merit" as it can afford short-term improvement in leg pain and sensory deficits. Nevertheless, ACOEM does not support or endorse repeated epidural steroid injections without interval reassessment of an applicant to ensure functional improvement with each prior injection. Therefore, the request remains non certified on independent medical review.