

Case Number:	CM13-0055942		
Date Assigned:	12/30/2013	Date of Injury:	11/26/2012
Decision Date:	03/28/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/21/2013

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 physician 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], [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; electrodiagnostic testing of February 27, 2013, reportedly negative for any neuropathy or radiculopathy; and transfer of care to and from various providers in various specialties. In a utilization review report of November 8, 2013, the claims administrator reportedly denied a request for epidural steroid injection therapy, stating that there is no clear evidence of radiculopathy. The utilization review also stated that the applicant may or may not have had prior epidural steroid injections and did not achieve the requisite pain relief following said epidural injection. A December 5, 2013 progress note is notable for comments that the applicant underwent an epidural steroid injection on November 27, 2013. The applicant developed heightened pain and headache on November 29, 2013. The applicant apparently had to go to the emergency department following the same. The applicant exhibits weakness about the left foot and also has weaker grip strength about the left side. Straight leg raising is positive on the left side. The applicant is given a diagnosis of lumbar disk disease with left-sided radiculopathy. The applicant is asked to obtain a brain MRI and spine MRI. Additional physical therapy and a topical compound are sought. The applicant's work status is not detailed. An earlier note of December 18, 2013 is notable for comments that the applicant remains off of work, on total temporary disability. The attending provider did endorse an earlier epidural steroid injection on September 30, 2013, it is further noted, and apparently continued to recommend epidural steroid injection therapy at various points during the life of the claim, including on April 10, 2013. A lumbar epidural steroid injection procedure

noted on November 27, 2013 is appreciated. On November 6, 2013, it is stated that the epidural steroid injection therapy was discussed with the applicant, but had never been previously approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Outpatient Left Transforaminal Epidural Steroid Injection L4-5:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections..

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

Decision rationale: The applicant apparently underwent an epidural steroid injection on November 27, 2013. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, up to two diagnostic epidural steroid injections can be performed. In this case, the applicant did apparently have evidence of a disk protrusion or bulging disk with associated disk degeneration at L4-L5 and did have attendant complaints of low back pain radiating to the left leg. The applicant apparently tried, failed, and exhausted conservative treatments including time, medications, physical therapy, trigger point injection therapy, etc. A trial diagnostic epidural steroid injection was indicated and appropriate. While the injection was ultimately performed on November 27, 2013 and was ultimately unsuccessful as the applicant apparently developed a postprocedure headache, nevertheless, performing the procedure was indicated and appropriate given the fact that the applicant had not had any previous epidural steroid injections, given the signs and symptoms of lumbar radiculopathy appreciated, and given the fact that the page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse up to two diagnostic epidural steroid injections. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.