MAXIMUS Federal Services

Case Number:	CM13-0057835		
Date Assigned:	12/30/2013	Date of Injury:	09/14/2010
Decision Date:	04/03/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/26/2013

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 September 14, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; MRI imaging of lumbar spine of October 1, 2013, notable for facetogenic hypertrophy at L5-S1; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of November 6, 2013, the claims administrator apparently denied both an epidural steroid injection and an office visit. The claims administrator did not provide much in the way of a rationale but stated that there was not corroboration for the applicant's purported radiculopathy. The applicant's attorney subsequently appealed. In a clinical progress note of November 7, 2013, the applicant presented with persistent low back pain radiating to the right leg. The applicant denies having had a need for prior spine surgery. The applicant is obese with BMI of 34. She exhibits an antalgic gait, tenderness about the lumbar spine, a decreased right ankle reflex, and decreased sensorium about the right leg. There is some weakness on dorsiflexion. An L5-S1 lumbar epidural steroid injection is sought. The applicant's work status is reportedly unchanged. It does not appear that the applicant has returned to work. A medical legal evaluation of September 25, 2013 is notable for comments that the applicant has had a lumbar MRI of October 2, 2013 notable for L5-S1 facet hypertrophy, a left lateral disc bulge at L4-L5, and a L5 disc bulge at L3-L4. Multiple progress notes interspersed throughout 2013 including April 3, 2013 note that the applicant remains off of work, on total temporary disability. An earlier note of July 30, 2013 is again notable for comments that the applicant remains off of work, on total temporary disability. The attending provider states that he is requesting authorization for diagnostic epidural injection therapy and a diagnostic sacroiliac joint injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 regional epidural steroid injection, office visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines Page(s): 46.

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 radiographically and/or electrodiagnostically confirmed. However, the MTUS does acknowledge that a maximum of two diagnostic epidural steroid injections can be performed in individuals without clear evidence of radiculopathy. The employee is an individual who falls into the latter rubric. In the employee's case, there is no clear radiographic or electrodiagnostic corroboration for radicular symptoms. However, the employee does have active complaints of low back pain radiating into right leg with attendant hyposensorium and weakness appreciated on exam. Thus, the history and clinical findings suggest radiculopathy while the radiographic findings do not corroborate the same. A trial diagnostic epidural injection is therefore indicated to try to definitively establish the presence or absence of a bona fide radiculopathy. Therefore, the epidural portion of the request is certified, on Independent Medical Review. 1b. Similarly, the proposed office visit is also medically necessary, medically appropriate, and indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, the frequency of followup visits should be based on an applicant's work status. In this case, the employee is off of work, on total temporary disability. More frequent followup visits with the attending provider are therefore indicated. Accordingly, both utilization review decisions are overturned. Both the epidural steroid injection at L5-S1 and the office visit are certified, on Independent Medical Review.