MAXIMUS Federal Services

Case Number:	CM13-0066066		
Date Assigned:	01/03/2014	Date of Injury:	12/04/2012
Decision Date:	04/21/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 December 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications, including Norco, Celebrex, Flexeril; adjuvant medications, including Neurontin; attorney representation; MRI imaging of October 11, 2013, notable for multilevel low-grade disk bulges and spondylolytic changes of uncertain clinical significance, including an L5-S1 annular tear with associated 3-mm disk bulge at L5-S1 resulting in mild right and moderate left-sided neuroforaminal narrowing with associated neuroforaminal compromise; topical agents; a TENS unit; and extensive periods of time off of work. In a Utilization Review Report of December 12, 2013, the claims administrator denied a request for lumbar MRI imaging, stating that there was no documentation of failed conservative care provided before the epidural study in question was sought. An earlier note of December 19, 2012 is notable for comments that the applicant is off of work, on total temporary disability, despite using medications, including Motrin, Soma, and tramadol. The applicant was receiving physical therapy at that point.. On March 12, 2013, the applicant was described as working part time as a bus driver, 20 hours a week. The applicant was asked to continue physical therapy, TENS unit, and home exercises. On July 15, 2013, the applicant was described as reporting persistent low back pain radiating to bilateral lower extremities, 7/10, with associated numbness and tingling about the feet. Sensation was diminished in the left L5 dermatome with intact reflexes and sensorium appreciated. The attending provider chose to appeal the earlier denial of an epidural injection. The applicant was 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 STEROID INJECTION, LUMBAR, L5-S1, QTY 1.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 electrodiagnostically and/or radiographically confirmed. There should be evidence that an applicant has proven initially unresponsive to other conservative treatments including exercise, physical methods, NSAIDs, etc. It is noted that the MTUS also supports up to two diagnostic injections. In this case, the applicant has in fact proven recalcitrant to various conservative treatments including time, medications, physical therapy, muscle relaxants, topical agents, a TENS unit, etc. She does have radiographic evidence of radiculopathy, with evidence of disk protrusion of 3 mm at L5-S1 with associated neural compromise, per the claims administrator. An epidural steroid injection is indicated, given the applicant's ongoing radicular complaints, associated signs including hyposensorium on exam, failure of conservative treatment, and radiographic corroboration of radiculopathy. For all of the stated reasons, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.