MAXIMUS Federal Services

Case Number:	CM13-0066128		
Date Assigned:	01/03/2014	Date of Injury:	10/05/2011
Decision Date:	04/21/2014	UR Denial Date:	12/10/2013
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 reportedly associated with an industrial injury of October 15, 2011. Thus far, the applicant has been treated with analgesic medications, attorney representation, transfer of care to and from various providers in various specialties and extensive periods of time off of work. In a Utilization Review Report of December 10, 2013, the claims administrator denied a request for a lumbar epidural steroid injection, citing non-MTUS ODG Guidelines. In a Medical Legal Evaluation of October 17, 2013, it is stated that the applicant has persistent complaints of neck and low back pain. The applicant is using a cane. The applicant is psychologically distressed. He has pain radiating down the legs. He is on Naprosyn, Norco, and Tramadol. He is smoking. He has not worked since the date of surgery, it is acknowledged. It is stated that lumbar MRI imaging on November 18, 2011 demonstrated multilevel degenerative changes and significant spinal stenosis of L4-L5 and L5-S1. The applicant had earlier treatment with physical therapy, Neurontin, and Norco. An EMG of March 22, 2012 was reportedly negative. It is stated that epidural steroid injections have been endorsed at various points but have never been performed. The applicant was working with the aid of a cane, exhibits diminished lumbar range of motion, had positive straight leg raising, symmetric lower extremity reflexes, and well-preserved lower extremity strength. It is stated that a lumbar epidural steroid injection should be performed. On March 11, 2013, the applicant's treating provider noted that the applicant had failed physical therapy, manipulative therapy, acupuncture, and a cane. The applicant reported persistent low back radiating to the left leg and left toe. The patient was placed off of work, on total temporary disability, and issued prescriptions of Norco, tramadol, Flexeril, Naprosyn, and Prilosec. On October 14, 2013, the applicant consulted another spine surgeon and was described as having Final Determination Letter for IMR Case Number CM13-0066128 3 low back pain radiating to

the legs. The applicant had intact lower extremity strength, sensation, and reflexes with equivocal straight leg raising. MRI imaging of August 17, 2013 showed severe facet arthropathy at L5-S1 with associated severe disk disease and severe bilateral neuroforaminal stenosis. A surgical remedy in the form of an L5-S1 laminotomy, foraminotomy, and diskectomy were endorsed while the applicant was asked to remain off of work, on total temporary disability. On September 16, 2013, the applicant's spine surgeon wrote that the applicant had failed conservative treatments over the years, including medications, physical therapy, and an epidural steroid injection. Multiple other progress notes interspersed throughout 2013 are notable for comments that the applicant is in the process of pursuing a functional restoration program. In an August 5, 2013 note, it is stated that the applicant has failed conservative measures, is interested in surgery, and has tried chiropractic treatment, acupuncture, physical therapy. It is stated that the applicant was referred for an epidural steroid injection which was never previously approved. On November 25, 2013, it is stated that the applicant should try a lumbar epidural steroid injection, which has never previously been approved. If this fails, it is stated that an L5-S1 diskectomy and foraminotomy should be sought

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines: Criteria for the use of epidural steroid injections

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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. In this case, the applicant has active signs and symptoms of lumbar radiculopathy, radiographically confirmed, with severe neuroforaminal stenosis noted at the level in question, L5-S1. The attending provider has written that the applicant is trying to use the epidural steroid injection as a means of avoiding surgery, consistent with what is noted on page 309 of the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, which does state that epidural corticosteroid injections for radicular pain can be considered optional to "avoid surgery." In this case, there is no concrete evidence that the applicant has had any prior epidural steroid injections. The requesting provider stated that the applicant has never had any prior epidural steroid injections. The applicant does have unequivocal evidence of radiculopathy. A trial epidural injection is indicated, for all of the stated reasons. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review