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| Case Number: | CM14-0100556 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 04/13/2013 |
| Decision Date: | 10/02/2014 | UR Denial Date: | 05/27/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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, mid back, and knee pain reportedly associated with an industrial injury of April 13, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a lumbar corset; and opioid therapy. In a Utilization Review Report dated May 27, 2014, the claims administrator denied a request for an epidural steroid injection, approved a follow-up visit, denied a thoracic MRI, denied eight sessions of chiropractic manipulative therapy, denied Norco, denied Flexeril, and denied LidoPro cream. The applicant's attorney subsequently appealed. In a progress note dated July 7, 2014, the applicant reported persistent complaints of low back pain. The applicant had last worked on April 13, 2013, i.e., one day after the date of injury. The applicant was using Norco, Flexeril, and LidoPro cream. The applicant was reporting issues with dyspepsia, particularly when lying down at night. The applicant reported that earlier manipulative therapy had resulted in only minimal relief. The applicant stated that she had not had any physical therapy or acupuncture. 4+/5 right lower extremity strength was noted. Equivocal straight leg raising was noted. Epidural steroid injection therapy was sought at L5-S1. The applicant was asked to continue home exercise. Multiple medications were refilled. A rather proscriptive 10-pound lifting limitation was endorsed. The applicant did not appear to be working with said limitation in place. The attending provider stated that the epidural injection could play both a diagnostic and a therapeutic role. In a July 7, 2014 questionnaire, the applicant acknowledged that she was not working despite using Norco four times daily. The applicant was using a corset. The applicant seemingly suggested that she was spending much of her time lying down in bed and that she did have nausea, apparently opioid induced. On May 28, 2014, the applicant was again asked to pursue an L5-S1 epidural injection. LidoPro, Norco, and a rather proscriptive 10-pound lifting limitation were endorsed. Persistent

complaints of low back pain radiating into the right leg were noted. Electrodiagnostic testing of the bilateral lower extremities dated February 6, 2014 was interpreted as within normal limits. MRI imaging of lumbar spine was apparently sought on March 5, 2014. On July 21, 2014, the attending provider stated that he believed the applicant should remain on Norco, Flexeril, and LidoPro cream, despite the fact that the applicant was off of work. The attending provider stated that the medications in question were ameliorating the applicant's pain and function, but did not elaborate what functions were ameliorated. The remainder of the file was surveyed. There was no evidence that the applicant had had a previous epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection on the right at L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Corticosteroid and Epidural Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Epidural Steroid Injections topic. 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 radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant does have persistent complaints of low back pain radiating into the right leg. There are corresponding radicular signs on exam, including right lower extremity weakness and positive straight leg raising. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic injections. In this case, it does not appear that the applicant has had any prior epidural steroid injection therapy. A trial injection is therefore indicated, despite the applicant's earlier negative electrodiagnostic testing. Therefore, the request is medically necessary.