MAXIMUS Federal Services

Case Number:	CM14-0019142		
Date Assigned:	04/23/2014	Date of Injury:	08/09/2012
Decision Date:	07/03/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/14/2014

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 pain reportedly associated with an industrial injury of August 9, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; muscle relaxants; lumbar MRI imaging of August 20, 2012, notable for moderate severe spinal canal stenosis and bilateral neural foraminal stenosis at L5-S1; electrodiagnostic testing of December 31, 2013, reportedly notable for peripheral neuropathy, per the claims administrator; and extensive periods of time off of work. In a Utilization Review Report dated January 31, 2014, the claims administrator denied a request for an L5-S1 epidural steroid injection under CT guidance. A January 24, 2014 progress note is notable for comments that the applicant was again placed off of work, on total temporary disability. The applicant had issues with chronic low back pain, lumbar degenerative disease, spinal stenosis, and superimposed myofascial pain, hypertension, diabetes, and prostate cancer, it was stated. A CT guided L5-S1 epidural steroid injection was endorsed prior to pursuit of a lumbar fusion surgery, it was stated. The applicant exhibited an antalgic gait, it was stated. An earlier note of December 17, 2013 was notable for comments that the applicant reported persistent low back pain radiating to the bilateral legs, right greater than left. It was stated that the applicant recently completed radiation therapy for prostate cancer. Epidural steroid injection was again endorsed under CT guidance. The attending provider claimed that CT guidance was more accurate than fluoroscopic guidance. The applicant was again placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR EPIDURAL STEROID INJECTIONS AT THE LEVELS OF L5-S1 UNDER CT GUIDANCE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs).

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 injection therapy should be performed under fluoroscopic guidance. There is seemingly no role for the CAT scan guided epidural steroid injections proposed by the attending provider. It is not clearly stated why conventional, MTUS-endorsed means of delivering epidural steroid injection therapy, via fluoroscopic guidance, will not suffice here. No compelling evidence has been proffered to offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.