MAXIMUS Federal Services

Case Number:	CM14-0121785		
Date Assigned:	09/16/2014	Date of Injury:	06/01/2013
Decision Date:	12/12/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/01/2014

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 June 1, 2013.In a Utilization Review Report dated July 23, 2014, the claims administrator denied a request for a lumbar epidural steroid injection at an unspecified level. The claims administrator noted that the applicant had had previous medial branch blocks. The claims administrator did not state whether or not the request in question represented a first-time request or a repeat request but suggested that the applicant did not have compelling evidence of radiculopathy. In a January 30, 2014 progress note, the applicant reported ongoing complaints of low back pain without any associated leg pain. It was stated that the applicant was on modified duty work. The applicant exhibited tenderness at the L1 level and associated paraspinal musculature. 5/5 lower extremity strength was noted. The applicant was given a diagnosis of healed compression fracture of L1.In a progress note dated May 5, 2014, the applicant reported ongoing complaints of low back pain. The applicant denied any pain in her legs. The applicant exhibited a normal gait and 5/5 lower extremity strength with symmetric reflexes appreciated about the same. The applicant was given diagnoses of healed compression fracture at L1, moderate severe degenerative disk disease, disk bulges at L4-L5 and L5-S1, moderate severe facet spondylosis, and right lower extremity radiculitis. The attending provider noted that the applicant had not had any manipulative therapy or acupuncture but was in the midst of receiving physical therapy. It was stated that the applicant could try an epidural steroid injection and/or medial branch block. Work restrictions, Mobic, and tramadol were endorsed. A lumbar MRI imaging of August 13, 2013 was notable for an L1 compression fracture, disk desiccation and bulging at L4-L5 with only slight spinal stenosis, and disk desiccation at L5-S1 with slight spinal stenosis and bilateral neuroforaminal narrowing. On June 16, 2014, the attending provider again noted that the applicant had persistent

complaints of low back pain with some bilateral leg pain and tingling about the lower legs and feet. 5/5 lower extremity strength was appreciated with equivocal straight leg raise. The attending provider stated that the applicant could consider a lumbar facet injection and/or medial branch blocks for diagnostic purpose. It was suggested that the applicant was working with limitations in place. In a July 14, 2014 progress note, the attending provider stated that he was seeking authorization for one epidural steroid injection. The applicant was described as having some bilateral leg pain with tingling in the legs and feet. It was stated that an earlier medial branch block had not alleviated the applicant's leg pain in any significant way.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inject Spine Lumbar/Sacral: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: The request in question does represent a request for an epidural steroid injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, as is present here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that it would be preferable to have said radicular complaints radiographically and/or electrodiagnostically confirmed, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, however, support up to two diagnostic blocks. Here, the request in question does represent a diagnostic block as the attending provider has himself acknowledged that earlier lumbar MRI imaging was negative to equivocal and failed to uncover a clear source for the applicant's ongoing complaints of bilateral leg pain. A trial diagnostic injection, thus, is indicated; particularly given the failure of other treatments including time, medications, physical therapy, work restrictions, observation, earlier facet blocks, etc. Therefore, the request is medically necessary.