MAXIMUS Federal Services

Case Number:	CM14-0177031		
Date Assigned:	10/30/2014	Date of Injury:	08/11/2014
Decision Date:	12/08/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 low back pain reportedly associated with an industrial injury of August 11, 2014.Thus far, the applicant has been treated with the following medications: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manual therapy; lumbar MRI imaging of September 15, 2014, notable for disk protrusion with degenerative anterolisthesis at L4-L5 level generating severe spinal stenosis and disk protrusion with associated said arthropathy at L5-S1 generating moderate-to-severe bilateral neuroforaminal narrowing.In a Utilization Review Report dated August 20, 2014, the claims administrator denied a request for a lumbar epidural steroid injection at L5-S1. The claims administrator cited the MTUS Chronic Pain Medical Treatment Guidelines, despite the fact this was not a chronic pain case as of the date of the request, but did not incorporate said guidelines into its rationale. The claims administrator stated that the applicant did not have compelling evidence of radiculopathy.The applicant's attorney subsequently appealed.In a September 24, 2014 progress note, the applicant consulted a spine surgeon. The applicant did report persistent complaints of low back pain radiating into left leg, exacerbated by standing and walking. The applicant did have comorbid diabetes and was on glipizide, metformin, Lantus, NovoLog, and diltiazem, it was acknowledged. The applicant was off of work as his employer was apparently unable to accommodate stated limitations. The applicant did reportedly exhibit 5/5 lower extremity strength, it was suggested. The attending provider suggested that the applicant undergo a lumbar epidural steroid injection while continuing Norco and Mobic for pain relief. The applicant was asked to home exercises in the interim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection, steroid lumbar epidural injection under fluoroscopy , left L5-S1, lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-8, 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308, epidural corticosteroid injections for radicular pain are "optional" to avoid surgery. Here, the requesting provider is an orthopedic spine surgeon, implying that the proposed epidural injection is being employed on a trial basis to potentially obviate the need for lumbar spine surgery. This is indicated, despite the tepid ACOEM position on the same, given the failure of earlier conservative measures, including time, physical therapy, medications, manual therapy, etc. Therefore, the request is medically necessary.