

Case Number:	CM14-0022029		
Date Assigned:	05/07/2014	Date of Injury:	06/22/1953
Decision Date:	08/08/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	02/21/2014

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, has a subspecialty in Preventive 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 22, 1953. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; CT scanning of the lumbar spine of January 15, 2014, notable for moderate neuroforaminal stenosis at L4-L5 and L5-S1, left greater than right; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 20, 2014, the claims administrator denied a lumbar epidural steroid injection, denied a followup visit, and approved a urine drug screen. The claims administrator cited non-MTUS ODG guidelines to deny the followup visit and stated that there was no evidence of failed conservative treatment for which the epidural steroid injection in question would be indicated. The applicant's attorney subsequently appealed. In a January 15, 2014 progress note, the applicant presented to follow up on persistent low back pain. The applicant reported improvement in right leg pain but stated that he had heightened complaints of left leg pain. The applicant did exhibit normal balance, gait, sensation, and motor function about the lower extremities. The applicant was asked to pursue an L4-L5 epidural steroid injection on the right side. No other progress notes other than the January 15, 2014 progress note were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 INTERLAMINAR LUMBAR EPIDURAL STEROID INJECTION WITH FLUOROSCOPY AT RIGHT L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 radiculopathy which is initially unresponsive to conservative treatments. In this case, however, the attending provider has seemingly sought authorization for epidural steroid injections from 10 days after the applicant reported heightened radicular complaints. It is further noted that the applicant's radicular complaints are associated with the left leg, as opposed to the right left. The applicant's MRI findings likewise suggest bilateral neuroforaminal stenosis, left greater than right. It is unclear whether the attending provider is seeking epidural steroid injection therapy on the right side, the side on which the applicant is less symptomatic and has less radiographic findings. Therefore, the request for an epidural steroid injection is not medically necessary.

1 FOLLOW-UP VISIT: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 303, the frequency of followup visits should be dictated by an applicant's work status. In this case, the applicant's work status has not been clearly provided. It does not appear that the applicant is working, at age 83, although this may be function of the applicant's age as opposed to medical issues. Nevertheless, the documentation on file does support the presence of recent acute flares in low back pain. More frequent followup visits are indicated, given the applicant's recent, heightened radicular complaints. Therefore, the request is medically necessary.