

Case Number:	CM14-0033965		
Date Assigned:	06/20/2014	Date of Injury:	06/29/2011
Decision Date:	07/30/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/18/2014

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 Therapy, 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 associated with an industrial injury of June 29, 2011. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, adjuvant medications, and myofascial release therapy. In a June 30, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant stated that he had been treated conservatively with an epidural injection and medications. 5/10 pain was noted. The applicant was having derivative issues with anxiety and depression. The applicant was on Naprosyn, Norco, and Flexeril. Sharp touch sensorium, reflexes, and lower extremity strength were within normal limits. An L5 transforaminal epidural steroid injection, tramadol, Naprosyn, and Elavil were endorsed. The applicant's work status was not provided. In a medical-legal evaluation dated June 7, 2013, it was stated that the applicant had a history of having undergone some epidural steroid injections in 2009. An L5-S1 radiculopathy was reportedly established on electrodiagnostic testing of June 27, 2009, it was stated. The applicant was a senior maintenance worker. The applicant's work status was not clearly stated, although one section of the report implied that the applicant was working by stating that the applicant will continue performing his usual work duties. At the conclusion of the report, it was stated that the applicant has been able to continue performing his usual prior work duties and that vocational rehabilitation was not, therefore, indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal lumbar epidural in office under flouroscopy x1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. Repeat blocks, the MTUS notes, should be based on evidence of continuing pain relief and functional improvement with earlier blocks. In this case, the applicant has had prior blocks in 2009. The applicant has had electrodiagnostic testing in 2009 which did establish a diagnosis of bilateral L5-S1 radiculopathy. The applicant's achieving and/or maintaining successful return to work status at [REDACTED], in and of itself, constitutes prima facie evidence of functional improvement as defined in the MTUS. Therefore, the request for repeat epidural steroid injection at L5 is medically necessary. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that all epidural injections should be performed using fluoroscopy for guidance purposes. Therefore, the fluoroscopy component of the request is likewise medically necessary.