MAXIMUS Federal Services

Case Number:	CM14-0046935		
Date Assigned:	07/02/2014	Date of Injury:	03/07/2012
Decision Date:	08/22/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 March 7, 2004. Thus far, the applicant has been treated with the following analgesic medications; transfer of care to and from various providers in various specialties; and MRI of the lumbar spine, notable for an annular tear at L4-L5. In a Utilization Review Report dated March 31, 2014, the claims administrator denied a request for an epidural steroid injection, citing non-MTUS Third Edition ACOEM Guidelines. The claims administrator did not, however, incorporate cited guidelines into its rationale and the overall rationale was extremely sparse. A May 13, 2014 progress note was notable for comments that the applicant reported persistent complaints of low back pain radiating to the right lower extremity. The applicant exhibited good quad strength. He stated that Motrin was helpful and was using Biofreeze gel, Prilosec, and Lexapro. The attending provider stated that the applicant was functional on the medications which were renewed. In an earlier note of April 15, 2014, the attending provider sought authorization for an epidural steroid injection, stating that the applicant had persistent complaints of pain low back, right lower extremity, and bilateral knee pain ranging from 3-6/10. In a medical-legal evaluation of January 4, 2013, it was acknowledged that the applicant had persistent complaints of axial low back pain. He completed physical therapy, manipulative therapy, and had transferred care to and from various providers in various specialties. The remainder of the file was surveyed. There was no evidence that the applicant had a prior epidural injection at any point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right transforaminal epidural steroid injection L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines note epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, there is some noted corroboration of radiculopathy at the L4-L5 level with some disk desiccation, a low-grade disk protrusion, and an annular tear. The MTUS Chronic Pain Medical Treatment Guidelines does endorse substitute diagnostic blocks. Based on the information on file, there is no evidence that the applicant has in fact had any prior epidural blocks. A trial diagnostic and potentially therapeutic epidural block is indicated. Accordingly, the request is medically necessary.