

Case Number:	CM14-0052830		
Date Assigned:	07/07/2014	Date of Injury:	12/04/2012
Decision Date:	09/10/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 December 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated April 15, 2014, the claims administrator denied a lumbar epidural steroid injection, an internal medicine evaluation, and a surgical clearance. The applicant's attorney subsequently appealed. In a September 9, 2013 handwritten progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. The applicant did reportedly exhibit positive straight leg raising. The applicant was placed off of work and asked to obtain an epidural steroid injection. In a September 21, 2013 internal medicine consultation, the applicant presented with persistent complaints of neck, upper extremity, and low back pain. The applicant was a former registered nurse, it was incidentally noted. The applicant was using Vicodin, tramadol, and aspirin, it was stated. The applicant's medical history was reportedly noncontributory, as was the applicant's surgical history. The applicant exhibited a normal gait and station. The consultant stated that the applicant was not medically cleared for surgery owing to EKG findings notable for sinus bradycardia and/or borderline T-wave changes. On October 14, 2013, the applicant was again placed off of work, on total temporary disability. Persistent complaints of low back pain, neck pain, and bilateral upper extremity numbness were appreciated. Vicodin was renewed. On September 9, 2013, the applicant was again placed off work, on total temporary disability. The applicant did report low back pain radiating to the bilateral legs. The applicant was asked to pursue a lumbar epidural steroid injection at L4-L5 and L5-S1. Ultracet, Naprosyn, Prilosec, and opical compounds were endorsed while the applicant was asked to consult an internist for surgical clearance purposes.

owing to reportedly positive EKG. In a medicolegal evaluation of December 10, 2013, the applicant presented with multifocal cervical spine, right wrist, left wrist, and low back pain complaints. The applicant stated that she had intermittent weakness about the right lower extremities and pain with walking. The applicant also reported occasional numbness about the foot. The applicant had last worked in February 2013, it was acknowledged. On this occasion, it is again stated that the applicant denied any specific medical history, but had had C- section and laser eye correction. In the record review, the medicolegal evaluator suggested that the applicant had degenerative disc disease and herniated discs of uncertain significance at L4- L5 and L5-S1. The medicolegal evaluator stated that it was appropriate for the applicant to remain off of work, on total temporary disability. The remainder of the file was surveyed. There was no evidence that the applicant had had any prior epidural injections. On January 13, 2014, the applicant's primary treating provider eluded the applicant having had MRI imaging of the lumbar spine in March 2013 demonstrating 5 mm disc protrusions at L4-L5 and L5-S1. The applicant was again placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (ESI): Overturned

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

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, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant has ongoing complaints of low back pain radiating to the bilateral legs and apparently had MRI imaging demonstrating fairly prominent disc herniations at the levels in question, L4-L5 and L5-S1. Thus, there is some radiographic corroboration for the applicant's radicular complaints. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks. The request in question does represent a first-time request for epidural steroid injection therapy. The epidural steroid injection in question could potentially play a diagnostic and/or therapeutic role. Therefore, the request is medically necessary.

Internal Medicine Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 92 acknowledges that the referrals may be appropriate if a practitioner has difficulty obtaining information or agreement to a treatment plan, in this case, however, it is unclear why the internal medicine evaluation is being sought. The applicant has specifically denied any significant past medical history. The applicant has no history of diabetes, hypertension, hypothyroidism, or other

systemic disease which will warrant a pre-injection internal medicine evaluation. While the applicant apparently had a borderline EKG, this finding, in and of itself, is of little or no significance, particularly given the applicant's absence of any significant cardiac history. Therefore, the proposed internal medicine evaluation is not medically necessary.

Surgical Clearance: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 92 acknowledges that referral may be appropriate if the attending provider has difficulty obtaining information from or agreement to treatment plan with the applicant, in this case, however, there is no evidence that the attending provider has had any difficulty obtaining information from and/or has failed to achieve a consensus in terms of the treatment plan with the applicant. Both the attending provider and applicant's are seemingly intent on pursuing the epidural injection in question, which has been endorsed above, in response #1. The applicant has no significant medical history. Specifically, the applicant has denied any history of a systemic disease process such as hypertension, hypothyroidism, diabetes, or coronary artery disease which might make a case for a pre-epidural surgical clearance evaluation. The attending provider seemingly bases request for the surgical clearance on reportedly borderline EKG. Again, however, as noted previously, this borderline EKG is of little or no clinical input, given the applicant's absence of significant cardiac history. Therefore, the request is not medically necessary.