

Case Number:	CM14-0072733		
Date Assigned:	07/16/2014	Date of Injury:	11/26/2008
Decision Date:	09/22/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/19/2014

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 November 26, 2008. The applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier knee arthroscopy; earlier hip open reduction and internal fixation (ORIF) surgery; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 8, 2014, the claims administrator denied a request for a two-level epidural steroid injection. The applicant's attorney subsequently appealed. In a progress note dated January 16, 2014, the applicant reported 8-10/10 low back, left hip, left knee pain. The applicant was on OxyContin, Lyrica, and Flector patches and was, furthermore, exacerbated by activity. The applicant was given a prescription for OxyContin and asked to continue home exercise. The applicant was already permanent and stationary, it was stated. The applicant did not appear to be working. On April 1, 2014, it was stated that the applicant had persistent complaints of low back and left lower extremity pain. The applicant stated that he was interested in epidural steroid injection procedure which were previously ordered and/or discussed by his previous provider. OxyContin was refilled. The applicant was asked to pursue the previously recommended epidural injection in question, it was stated. On March 12, 2014, the applicant presented with persistent complaints of low back pain, hip pain, knee pain, and foot pain, ranging anywhere from 4-9/10. The applicant had a well-healed surgical scar about the left hip. Painful lumbar range of motion was noted. Straight leg raising was negative. The applicant had no change on neurologic exam. Multiple medications were refilled, including OxyContin. The applicant was described as already permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal ESI under Fluoroscopy Guidance L4-L5, S1: Upheld

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: While page 46 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines does support epidural steroid injection as an option in the treatment of radicular pain, in this case, however, it is far from certain that the applicant's pain is in fact radicular in nature. The attending provider's description of events suggests that the applicant has focal issues with foot plantar fasciitis, knee pain status post earlier knee arthroscopy, hip pain status post ORIF surgery, and an axial low back pain. There was little to no mention made of any active radicular complaints associated with the lumbar spine. Page 46 of the California (MTUS) Chronic Pain Medical Treatment Guidelines states that radiculopathy should be corroborated by imaging studies and/or electrodiagnostic testing before epidural steroid injection therapy is considered. In this case, the attending provider did not state whether or not the applicant had radiographic and/or electrodiagnostic corroboration of radicular complaints. Again, the attending provider's description of events does not seemingly identify the presence of lumbar radiculopathy, moreover. While page 46 of the California (MTUS) Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks, in this case, however, it was not stated that the injection in question was being performed for diagnostic purposes. For all of the stated reasons, then, the request is not medically necessary.