MAXIMUS Federal Services

Case Number:	CM14-0097107		
Date Assigned:	07/28/2014	Date of Injury:	03/01/2012
Decision Date:	09/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/25/2014

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 1, 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; and extensive periods of time off work.In a utilization review report dated March 1, 2012, the claims administrator denied a request for an outpatient epidural steroid injection. The claims administrator, it is incidentally noted, seemingly interpreted the request as a single epidural steroid injection.In a progress note dated August 8, 2014, however, the attending provider noted that the applicant reported persistent complaints of low back pain radiating to the right leg, reportedly severe. Weakness about the right lower extremity was apparently appreciated on exam. The note was handwritten and difficult to follow. The applicant was placed off work, on total temporary disability, while two separate epidural steroid injections to L5-S1 were sought.In an earlier note dated June 27, 2014, the applicant was again placed off work, on total temporary disability. Epidural steroid injection therapy was reportedly pending. The attending provider stated that the applicant had evidence of radiographically confirmed lumbar radiculopathy at the level in question, L5-S1. It was not clearly stated whether or not the request represented a first-time request versus a repeat epidural block.On April 18, 2014, the applicant underwent lumbar MRI imaging. The applicant did have marked central stenosis at L4-L5 with associated disc protrusion impinging upon the thecal sac. Multilevel disc desiccation and disc protrusions were also noted. The L5-S1, however, was described as appearing to be normal.In a March 14, 2014, medical-legal evaluation, it was acknowledged that the applicant was not working. The applicant had had a variety of treatments, including extracorporeal shockwave therapy and manipulative therapy, it was stated. It was stated that epidural steroid injections were endorsed on August 14, 2012, and

September 11, 2012. It was not readily apparent or evident that the applicant had in fact had the epidural injections at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid injection (level not provided): 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 Page(s): 46.

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend epidural steroid injections as an option in the treatment of radicular pain, as is present here, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies the recommendation by noting that the radiculopathy should preferably be radiographically and/or electrodiagnostically confirmed. In this case, however, the attending provider did not state on the request for authorization form at what level the epidural injection was being sought. In his progress note, however, the attending provider stated that he was seeking authorization for epidural steroid injection therapy at the L5-S1 level. Interestingly, the L5-S1 level was one of the few levels which was reported by the applicant's radiologist as being relatively free of any pathology on MRI imaging of April 18, 2014, referenced above. The imprecise nature of the request, lack of clear commentary as to whether or not this is a repeat injection versus a first-time injection, and lack of documentation as to whether this is a diagnostic injection or therapeutic injection, taken together, do not lend themselves toward approval. Therefore, the request is not medically necessary.