MAXIMUS Federal Services

Case Number:	CM14-0175258		
Date Assigned:	10/27/2014	Date of Injury:	05/31/2006
Decision Date:	12/21/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 31, 2006. In a Utilization Review report dated October 13, 2014, the claims administrator failed to approve a request for an L4-L5 lumbar epidural steroid injection. A September 16, 2014 office visit was referenced in the determination.The applicant's attorney subsequently appealed. On said September 16, 2014 progress note, the applicant reported ongoing issues with knee and low back pain. The applicant reported worsening low back pain. The attending provider renewed Zanaflex and Norco while pursuing an L4-L5 epidural steroid injection. The attending provider stated that an epidural steroid injection would diminish the neuropathic components to the applicant's knee pain complaints. There was no mention of whether the applicant had or not had prior lumbar epidural steroid injection nor did attending provider clearly recount radicular symptoms referable to the low back. On August 5, 2014, the attending provider noted that the applicant had ongoing complaints of low back and knee pain. The attending provider referenced a lumbar MRI imaging dated July 22, 2014 demonstrating severe degenerative changes at L3-L4 and L4-L5 with moderate-to-severe compression to the bilateral L3 nerve root, bilateral L4 nerve root, and bilateral L5 nerve roots. The attending provider stated the applicant's lumbar MRI mapped on to his pain radiation. The attending provider also stated the applicant was pending a knee replacement procedure. An epidural steroid injection was sought. The attending provider did not, however, state whether the applicant had or had not had prior epidural steroid injection or not. The applicant's work status, once again, was not reported. On August 3, 2015, the attending

provider sought authorization for a repeat lumbar epidural steroid injection. Once again, the applicant's work status was not reported. On May 7, 2015, Voltaren gel was renewed. It was suggested the applicant had found an alternate job. The applicant had had an epidural steroid injection some one year prior, the treating provider contended.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Epidural Steroid Injection of left L4-5 for the lumbar (lower back) as an outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Yes, the request for a lumbar epidural steroid injection was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electro-diagnostically confirmed. Here, an office visit of August 1, 2014 alluded to lumbar MRI imaging dated July 22, 2014 demonstrating moderate-to-severe compression of the L3, L4, and L5 nerve roots, left greater than right. It did appear, thus, that there was radiographic corroboration of the applicant's radicular pain complaints. The request in question, moreover, seemingly represented a first-time request for epidural steroid injection therapy, the treating provider suggested at various points on file. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines supports up to two diagnostic blocks. Moving forward with the epidural injection in question was, thus, indicated, given the seemingly failure of the other non-operative treatments. Therefore, the request was medically necessary.