

Case Number:	CM14-0202220		
Date Assigned:	12/12/2014	Date of Injury:	02/25/2014
Decision Date:	02/03/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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 July 6, 2009. In a December 24, 2014 Utilization Review Report, the claims administrator approved a pain psychiatry consultation, partially approved OxyContin, partially approved Prozac, and conditionally denied a podiatry consultation. The claims administrator referenced progress notes of December 9, 2014 and November 11, 2014 in its determination. The applicant's attorney subsequently appealed. In a December 9, 2014 progress note, the applicant reported 6-8/10 pain, it was stated in one section of the note. In another section of the note, it was stated that the applicant reported 9-10/10 pain, constant, aggravated by activities such as sitting, standing, walking, and lying down. The applicant was still smoking every day, it was acknowledged. The applicant was severely obese, with a BMI of 44. The applicant was on OxyContin, Opana, Norco, Prozac, Motrin, Percocet, and Soma, it was acknowledged. Multiple medications were renewed, including OxyContin, Norco, and Prozac. Stated diagnoses included chronic low back pain, chronic mid back pain, obesity, degenerative disk disease, lumbar radiculopathy, and lumbar stenosis. The applicant was placed off of work, on total temporary disability. The applicant did exhibit a fluent speech on neurologic exam. The applicant did have issues with depression, anxiety, and paranoia, it was stated in the psychological review of systems section of the note. It was not clearly stated whether the request for Prozac was a first-time request or a renewal request. On November 11, 2014, the applicant again reported persistent complaints of low back pain radiating to the left leg, 7-10/10, aggravated by sitting, lying down, standing, and walking. The applicant was still smoking every day, it was acknowledged. On this occasion, it was stated that the applicant denied issues with depression, anxiety, memory loss, or mood disturbance in the review of systems section of the note. The applicant's medication list included Opana, Norco, Prozac,

Motrin, Percocet, and Soma. The applicant was placed off of work, on total temporary disability, while multiple medications, including Opana, Norco, Motrin, and Prozac were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI at L4-5 and L5-S1: 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 recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the applicant does have ongoing complaints of low back pain radiating to the bilateral lower extremities. A lumbar MRI imaging, referenced above, does establish some radiographic corroboration for the applicant's radicular complaints. The applicant does have evidence of disk protrusions, degenerative disk disease, and nerve root compromise at the levels in question. While electrodiagnostic testing, conversely, did not establish evidence of radiculopathy, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks. The request in question seemingly represents a first-time request for epidural steroid injection therapy. A trial epidural steroid injection is indicated, given the failure of other conservative treatments, including time, medications, observation, etc. Therefore, the request is medically necessary.