

Case Number:	CM15-0185912		
Date Assigned:	09/28/2015	Date of Injury:	12/09/2013
Decision Date:	11/30/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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 and knee pain reportedly associated with an industrial injury of December 9, 2013. In a Utilization Review report dated September 9, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced an August 28, 2015 office visit in its determination. The claims administrator contended that the applicant did not have compelling evidence of radiculopathy and also stated that the applicant had had a prior epidural steroid injection one year prior. On said August 28, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, right greater than left. The applicant had a 1 mm disk herniation noted at L4-L5 and a 3-mm disk herniation noted at L5-S1, the treating provider reported, per a study dated August 11, 2015. The 3-mm L5-S1 disk herniation was associated with mild central stenosis and bilateral neuroforaminal stenosis, the treating provider reported. Some diffuse right lower extremity hyposensorium was evident on exam with well-preserved lower extremity motor function. The applicant was asked to pursue a repeat lumbar epidural steroid injection. The treating provider stated that the previous injection was successful. Ultracet and Prilosec were renewed. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not clear whether the applicant was or was not working with said limitation in place. The right knee arthroscopy was also apparently proposed, the treating provider noted. On July 17, 2015, the applicant described exhibiting a significant limp. Ongoing complaints of low back pain radiating to the right hip were reported. Ultracet and Prilosec were refilled. The same, unchanged, 10-pound lifting limitation was, once again, renewed. Once again, it was not clearly stated whether the applicant was or was not working with said limitation in place. On May 5, 2015, the medial-legal evaluator reported

that the applicant was working with said 10-pound lifting limitation in place. On January 30, 2015, the treating provider again stated that the applicant was working with said 10-pound lifting limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L5-S1 level: 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 at L5-S1 was medically necessary, medically appropriate, and indicated here. The request in question did in fact represent a request for a repeat epidural steroid injection, the treating provider reported on August 28, 2015. The treating provider contended that the applicant had derived lasting analgesia from the prior lumbar epidural performed some one year prior, as evinced by the applicant's return to and/or maintenance of modified duty work status. The applicant was working with limitations in place, the medical legal evaluator acknowledged in May 2015. The applicant did have some radiographic corroboration of radiculopathy at the level in question, L5-S1, the treating provider contended on August 28, 2015. Moving forward with a repeat epidural steroid injection was indicated, given the applicant's favorable response to and demonstration of functional improvement as defined in MTUS 9792.20e following receipt of the prior repeat epidural injection. Therefore, the request for a repeat epidural steroid injection was medically necessary.