MAXIMUS Federal Services

Case Number:	CM15-0191531		
Date Assigned:	10/06/2015	Date of Injury:	04/21/2009
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/29/2015

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 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 21, 2009. In a utilization review report dated September 9, 2015, the claims administrator failed to approve requests for an epidural steroid injection with associated transportation services. The claims administrator referenced an RFA form received on September 2, 2015 in its determination, along with an associated progress note dated August 31, 2015.The applicant's attorney subsequently appealed. On said August 31, 2015, the applicant was described as having electrodiagnostic testing to confirm right-sided L5 radiculopathy, per electrodiagnostic testing of February 27, 2014. The applicant reported ongoing complaints of low back pain radiating to the right leg. Ancillary complaints of bilateral wrist, neck, and right shoulder pain were reported. The applicant had received acupuncture and physical therapy at various points over the course of time, it was reported. The applicant was on Naprosyn for pain relief, it was further noted. The attending provider also stated the applicant had an L4-L5 3-mm disc protrusion with associated moderate to severe right-sided foraminal stenosis and in L5-S1 distribution generating an associated lateral recess stenosis. The applicant was asked to pursue MRI imaging of the brain. An epidural steroid injection was sought, along with transportation to and from the procedure. The attending provider suggested that the applicant was ambulating independently, albeit with an antalgic gait. It was not clearly stated whether the applicant had or had not received prior epidural steroid injections or not. On October 8, 2014, the applicant was asked to pursue a cervical epidural steroid injection. The attending provider suggested the applicant was considering a lumbar

epidural steroid injection as well. On June 6, 2014, the attending provider again suggested the applicant was considering a lumbar epidural steroid injection. A medical-legal evaluator made no mention of the applicant's having received epidural steroid injections on March 9, 2015. It was suggested the applicant could be a candidate for the same in the future. In a September 10, 2015 appeal letter, the attending provider contended that the applicant never had any prior lumbar epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Epidural Steroid Injection under Fluoroscopic Guidance: 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 an L5-S1 epidural steroid injection under fluoroscopic guidance 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 electrodiagnostically confirmed. Here, the attending provider maintained on August 31, 2015 that the applicant did have both radiographic and electrodiagnostic corroboration of radiculopathy at the level in question and further stated via an appeal letter dated September 10, 2015 that the request represented a first-time request for a lumbar epidural steroid injection. Moving forward with the same was indicated, particularly in light of the fact that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also supports up to two diagnostic blocks. Therefore, the request was medically necessary.

Transportation services: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Chapter (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Transportation (to & from appointments).

Decision rationale: Conversely, the request for transportation services was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 5, page 83 notes that, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes making and keeping appointments. The MTUS Guideline in ACOEM Chapter 5, page 83, thus, takes a position that transportation to and from appointments is an article of applicant responsibility as opposed to an article of payor responsibility. While ODG's Knee Chapter, Transportation Topic does recommend

transportation to and from appointments in the same community in applicants with disabilities preventing them from self-transport, here, however, there is no mention of the applicant's having disabilities and/or impairments which would have prevented or precluded self-transport. The applicant was independently ambulatory, as suggested on August 31, 2015. While the applicant exhibited an antalgic gait, there was no mention of the applicant's using a cane, crutch, walker, or other assistive device. It was not stated why the applicant could not convey herself to and from the epidural steroid injection appointment of her own accord. Therefore, the request was not medically necessary.