MAXIMUS Federal Services

Case Number:	CM15-0021081		
Date Assigned:	02/10/2015	Date of Injury:	01/06/2014
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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, Ohio, 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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial motor vehicle accident (MVA) of January 6, 2014.In a Utilization Review Report dated January 20, 2015, the claims administrator denied an epidural steroid injection with associated fluoroscopic guidance and sedation. The claims administrator did, however, approve electrodiagnostic testing of bilateral lower extremities. The claims administrator referenced a January 21, 2015 RFA form in its determination. The claims administrator referenced an earlier lumbar MRI imaging of January 27, 2014 which, per the claims administrator's interpretation, was negative. The applicant's attorney subsequently appealed.In a January 6, 2015 work status report, the applicant was placed off of work, on total temporary disability. In an associated progress note of January 5, 2015, the applicant reported issues with anxiety about returning to work and returning to driving work. The attending provider noted that MRI imaging of the lumbar spine was negative for any neural impingement. Ongoing complaints of low back pain radiating to the right leg were evident. This particular treating provider did not espouse pursuit of epidural steroid injection therapy, citing the applicant's psychological overlay. Cognitive behavioral therapy and Cymbalta were suggested at that point in time.In a November 3, 2014 progress note, it was again stated that the applicant's earlier lumbar MRI was unremarkable. Electrodiagnostic testing to determine the source of the applicant's ongoing low back pain complaints was suggested.In an RFA form dated January 22, 2015, electrodiagnostic testing of the bilateral lower extremities and lumbar epidural steroid injection therapy were endorsed. The applicant was off of work, on total

temporary disability owing to ongoing complaints of low back pain radiating to the right leg. The attending provider noted that the applicant had some degenerative disk disease noted at the L5-S1 level which could potentially be the source of the applicant's pain complaints. The note was, at times, internally inconsistent as some portions of the note stated that the applicant was working while multiple sections of the note stated that the applicant was off of work, on total temporary disability. A positive straight leg raise was noted on the right.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

Decision rationale: 1. No, the proposed lumbar epidural steroid injection is not medically necessary, medically appropriate, or indicated here.While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this recommendation by noting that radiculopathy should typically be electrodiagnostically and/or radiographically confirmed. Here, the treating provider has himself acknowledged that earlier lumbar MRI imaging was negative. Electrodiagnostic testing is pending. The treating provider has not, furthermore, reconciled his own progress notes in which he argued against pursuit of epidural steroid injection therapy with the subsequent January 22, 2015 RFA form on which epidural steroid injection therapy was sought. Therefore, the request was not medically necessary.

Moderate Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

Decision rationale: 2. The request for moderate sedation is likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanied the primary request for an epidural steroid injection. Since that request was deemed not medically necessary, in question #1, the derivative or companion request for moderate sedation is likewise not medically necessary.

Fluoroscopic Guidance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

Decision rationale: 3. Finally, the request for fluoroscopic guidance is likewise not medically necessary, medically appropriate, or indicated here. This is another derivative or companion request, one which accompanied the primary request for the epidural steroid injection. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that all epidurals should be performed under fluoroscopic guidance, in this case, however, the primary request for an epidural injection was denied above. The concomitant request for associated fluoroscopic guidance is likewise not medically necessary.