

Case Number:	CM14-0128680		
Date Assigned:	08/15/2014	Date of Injury:	06/27/2013
Decision Date:	10/08/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/12/2014

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 June 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and an earlier lumbar laminectomy. In a Utilization Review Report dated July 16, 2014, the claims administrator denied a request for an epidural steroid injection. Overall rationale was minimal to scant and comprised largely of the cited guideline. The claims administrator stated that the applicant did not have any concrete evidence of radiculopathy here. The claims administrator did not outline whether or not the applicant had prior epidural injection. In July 18, 2014 appeal letter, the attending provider noted that the applicant was seven and half months removed from an earlier lumbar laminectomy. The applicant continued to have low back radiating into the left leg, it was noted. The attending provider stated that he believed the applicant had a residual L5-S1 radiculopathy. The attending provider stated that he was intent on performing an L5-S1 epidural injection. The applicant was off of work, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection (ESI): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

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 an option in the treatment of radicular pain, as is present here. In this case, the treating provider has suggested that the applicant has a residual left lower extremity radiculopathy following earlier failed lumbar spine surgery. The request in question does represent a first-time request for epidural steroid injection therapy following the earlier lumbar spine surgery. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks. A trial epidural injection is indicated, given the failure of operative and nonoperative treatment to date. Therefore, the request for outpatient lumbar epidural steroid injection (ESI) is medically necessary and appropriate.