MAXIMUS Federal Services

Case Number:	CM14-0164427		
Date Assigned:	10/09/2014	Date of Injury:	05/13/2013
Decision Date:	11/14/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/07/2014

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, knee, shoulder, elbow, and hand pain reportedly associated with an industrial injury of May 13, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and the apparent imposition of permanent work restrictions through a Medical-legal Evaluation.In a Utilization Review Report dated September 8, 2014, the claims administrator denied a request for an epidural steroid injection. The claims administrator stated that there was no compelling evidence of radiculopathy here. The claims administrator did not outline whether or not the request was a first-time request or a renewal request.The applicant's attorney subsequently appealed.In an April 20, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the right gluteal region. The applicant had positive straight leg raising on the right. MRI imaging of the lumbar spine of April 12, 2014 was notable for large 6-mm disk herniation at L4-L5 generating associated nerve root impingement and a 3-mm disk protrusion at L5-S1 causing no significant neuroforaminal narrowing or canal stenosis. Acupuncture was sought. Multiple medications, including Flexeril, Prilosec, and tramadol were renewed.On July 18, 2014, the applicant was asked to continue permanent work restrictions imposed by a Medical-legal evaluator.On August 7, 2014, the applicant's pain management physician stated that the applicant had persistent complaints of low back pain, was currently working, and reported some radiation of low back pain to the bilateral thighs. Epidural steroid injection at the L5-S1 level was sought on the grounds that the applicant had failed conservative treatment with time, medications, physical therapy, and acupuncture.The remainder of the file was surveyed. There was no mention of the applicant having had prior epidural

injection therapy.In a Medical-legal Evaluation dated April 24, 2014, there was no explicit mention of the applicant having had prior epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar steroid epidural injection L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steroid epidural injections Page(s): 46.

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. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, however, recommend up to two diagnostic blocks. In this case, the applicant does not appear to have had any prior epidural steroid injections over the course of the claim. A trial diagnostic block at L5-S1 may therefore be indicated. Accordingly, the request is medically necessary.