

Case Number:	CM15-0009184		
Date Assigned:	01/27/2015	Date of Injury:	07/08/2014
Decision Date:	03/18/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/15/2015

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 bus driver who has filed a claim for low back pain reportedly associated with an industrial motor vehicle accident (MVA) of July 8, 2014. In a Utilization Review Report dated December 16, 2014, the claims administrator had failed to approve request for a lumbar epidural steroid injection. The claims administrator invoked non-MTUS ODG Guidelines at the bottom of its report, although the guidelines were not incorporated into the report rationale. The claims administrator did cite an RFA form of November 25, 2014 in its determination, although this was likewise not summarized. On November 20, 2014, nine sessions of physical therapy were sought, along with a consultation with a spine specialist. Epidural steroid injection and pain management specialist consultation were also sought via a third RFA form of the same date. In an associated handwritten progress note dated November 20, 2014, difficult to follow, not entirely legible, the attending provider noted that the applicant had right-sided lumbar radiculopathy at the L5-S1 level. The applicant was placed off of work, on total temporary disability. The attending provider stated that the applicant had spondylolisthesis at L4-L5 with associated spinal stenosis. In an associated narrative report of November 20, 2014, the applicant reported persistent complaints of low back pain radiating into the right leg. The applicant had not worked since the date of injury, it was acknowledged. The applicant exhibited a limp, it was stated. The attending provider alluded to a lumbar MRI of November 14, 2014 demonstrating a 4 to 5mm disk protrusion at L3-L4 with associated exiting nerve root compromise and a grade I anterolisthesis at L4-L5 with an associated disk protrusion causing canal stenosis. Disk protrusion was noted at L5-S1 with associated bilateral exiting nerve root compromise. The

attending provider stated that the applicant had significant pathology at the L3-L4 and L4-L5 levels. Positive straight leg raising was noted with weakness about the right leg evident on exam. An epidural steroid injection was endorsed. Tylenol No. 3, physical therapy, and a spine surgery consultation were also sought while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar epidural steroid injection (unspecified levels): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 309.

Decision rationale: Yes, the proposed lumbar epidural steroid injection is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, epidural corticosteroid injections are deemed optional for radicular pain, to avoid surgery. Here, the attending provider has suggested that the applicant has significant pathology at the L3-L4 and L4-L5 levels, with findings including disk protrusion, nerve root impingement, anterolisthesis, spinal stenosis, etc. The attending provider has apparently suggested that the applicant consult a spine surgeon. It appears that the request for an epidural steroid injection, thus, is a first-time request and is reportedly intended to avoid the need for surgical intervention. Moving forward with a first-time epidural steroid injection, thus, was/is indicated here. Therefore, the request is medically necessary. Since this was not a chronic pain case as of the date of the request, November 25, 2014, ACOEM was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines.