

Case Number:	CM15-0012912		
Date Assigned:	01/30/2015	Date of Injury:	09/04/2014
Decision Date:	03/19/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/22/2015

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 injured worker is a 29 year old male, who sustained an industrial injury on September 4, 2014. He has reported to be pinned against a wall by a car at a carwash. The diagnoses have included cervicogenic headaches, cervical pain, cervico-thoracic strain, right upper extremity radiculitis, lumbar strain, piriformis myofascial pain syndrome, right lower extremity radiculitis and neuralgia induced insomnia. Treatment to date has included diagnostic studies, physical therapy and medications. Currently, the injured worker complains of pain in the thoracic spine associated with muscle spasms. The pain radiates from the lumbar spine into the right lower extremity. His activities of daily living continue to remain limited. He stated that his Lyrica medication reduces his pain the most. On January 14, 2015 Utilization Review non-certified a lumbar epidural steroid injection at L4-L5, noting the California Chronic Pain Medical Treatment Guidelines. On January 22, 2015, the injured worker submitted an application for Independent Medical Review for review of lumbar epidural steroid injection at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: The applicant is a [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of September 4, 2014. In a Utilization Review Report dated January 14, 2015, the claims administrator failed to approve a request for an epidural steroid injection while approving a request for famotidine (Pepcid). The claims administrator reference a progress note of December 29, 2014 and RFA form of the same date in its determination. Although this did not clearly appear to be a chronic pain case, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. In a December 29, 2014 progress note, the applicant reported multifocal complaints of headaches, neck pain, mid back pain, low back pain, myofascial pain syndrome, and right lower extremity radiculitis. The applicant was on Lyrica. The applicant had developed issues with reflux following introduction of Lyrica and Zorvolex. A lumbar epidural steroid injection was sought. The attending provider suggested that the applicant had bulging disk evident at L4-L5 and L5-S1. The attending provider contended that the applicant's ability to perform activities of daily living was significantly limited secondary to his chronic pain complaints. Hyposensorium was noted about the right leg versus the left. 5/5 bilateral lower extremity strength was appreciated. Lumbar MRI imaging of December 14, 2014 was notable for the absence of any acute or chronic fracture deformity. Mild broad-based disk bulging was noted throughout the lower levels, including at the L4-L5 and L5-S1 levels. Mild facet arthropathy was noted at the lumbosacral junction. The remainder of the file was surveyed. There was no clear evidence that the applicant had had a previous epidural steroid injection, although several progress notes suggest that the applicant had had physical therapy at several points throughout late 2014. The applicant was not working, it was acknowledged on several progress notes throughout late 2014. REFERRAL QUESTIONS:1. Yes, the proposed lumbar epidural steroid injection at L4-L5 is medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, epidural steroid injections are deemed optional for radicular pain, to avoid surgical intervention. Here, the attending provider has posited that the applicant has ongoing radicular pain complaints which have proven recalcitrant to time, medications, physical therapy, adjuvant medications such as Lyrica, etc. The applicant was/is off of work. A first-time epidural steroid injection was/is, thus, indicated here, given the hidden failure of other interventions. Therefore, the request is medically necessary. REFERENCES:ACOEM Practice Guidelines, Chapter 12, Table 12-8, page 309.Since this was not a chronic pain case as of the date of the request, December 29, 2014, ACOEM was preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines here.