MAXIMUS Federal Services

Case Number:	CM15-0117151		
Date Assigned:	06/25/2015	Date of Injury:	01/04/2015
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/17/2015

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, New York, 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 48-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of January 4, 2015. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a lumbar epidural steroid injection under fluoroscopy at the L4-L5 level. The claims administrator contended that the allegation for radiculopathy had not been radiographically corroborated here. The applicant's attorney subsequently appealed. On May 27, 2015, the applicant reported ongoing complaints of low back pain radiating to the right buttock. The applicant had undergone 12 sessions of physical therapy and six sessions of acupuncture, it was reported. The applicant was on an unspecified anxiolytic medication, as well as on Tramadol, it was reported. Well-preserved lower extremity strength and sensation were reported with symmetric knee and ankle reflexes. Lumbar MRI imaging of May 20, 2015 was notable for a 4 mm right greater than left asymptomatic disk bulge at L4-L5 with associated mild right lateral recess narrowing and moderate left neural foraminal narrowing. Lumbar epidural steroid injection was sought. The applicant was given a diagnosis of rib contusion, lumbar disk degeneration and low back pain. The attending provider stated he would consider a facet injection if the epidural injection proved unsuccessful. The attending provider incidentally noted that the applicant had tenderness about the rib cage on palpation and tenderness about the low back region.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, under Fluoroscopy, at L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: No, the proposed lumbar epidural injection under fluoroscopy at L4-L5 was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural injections are recommended as an option in the treatment of radicular pain, here, however, it did not appear that the applicant in fact had active radicular pain on or around the date of the request, May 27, 2015. The attending provider stated on that date that the applicant's pain complaints were confined to the low back and right buttock. Tenderness about the low back was appreciated on exam with intact lower extremity sensation, good lower extremity strength, and symmetric lower extremity reflexes. It did not appear, thus, that the applicant had active radicular pain complaints. The applicant was given a primary operating diagnosis of lumbar degenerative disk disease (DDD). Lumbar disk degeneration and/or associated axial low back pain are not, however, indications for pursuit of epidural steroid injection therapy, per page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, which suggests, rather, that epidural injections are recommended only as an option in the treatment of radicular pain. Therefore, the request was not medically necessary.