MAXIMUS Federal Services

Case Number:	CM15-0170315		
Date Assigned:	09/10/2015	Date of Injury:	12/17/2008
Decision Date:	10/15/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	08/28/2015

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 [redacted] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury. In a Utilization Review report dated August 27, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. An RFA form received on August 28, 2015 was referenced in the determination, along with a progress note dated June 22, 2015. The claims administrator contended that there was no corroborative evidence of radiculopathy. It was not stated whether the applicant had or had not had a prior epidural injection. On June 22, 2015, the applicant reported ongoing complaints of low back pain, reportedly severe, with radiation to the right leg. The applicant exhibited positive right-sided straight leg raising. The applicant was moderately obese. A well-preserved motor function was noted. A flurbiprofen-containing cream, Mobic, Amrix, Prilosec, and a TENS unit were renewed and/or continued. The applicant was given work restrictions. An epidural steroid injection was sought. There was no mention of whether the applicant had or had not had prior injections. It was, however, suggested that the applicant was working. On May 1, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant was working full time, it was reported. There was no mention of the applicant's having had prior epidural injections on this date. On September 19, 2014, it was stated that the applicant was working full time as a driver. A Medical-legal Evaluation dated October 28, 2013 was notable for commentary to the effect that the applicant had electrodiagnostic testing in 2009 positive for right L5 lumbar radiculopathy. The applicant had also had electrodiagnostic testing of September 12, 2013 also notable for a right L5 lumbar radiculopathy. Lumbar MRI imaging of June 2009 was notable

for a broad- based disk protrusion at L4-L5 with associated thecal sac indentation, it was reported. The medical-legal evaluator did seemingly conduct a comprehensive survey of records but made no mention of the applicant's has had prior lumbar epidural steroid injection therapy. The medical-legal evaluator stated that he believed the applicant had an established diagnosis of radiculopathy at the L5 level. The medical-legal evaluator stated that the applicant was reluctant to undergo epidural steroid injection therapy as of this point.

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, level/s not specified: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: Yes, the proposed lumbar epidural steroid injection was medically necessary, medically appropriate, and indicated here. 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, support up to 2 diagnostic blocks. Here, the applicant was described on a Medical-legal Evaluation of October 28, 2013 as carrying an established diagnosis of lumbar radiculopathy, both radiographically and electrodiagnostically confirmed. The medical-legal evaluator cited electrodiagnostic testing of 2009 and 2013, both of which were positive for a right L5 lumbar radiculopathy and lumbar imaging of June 29, 2009 which demonstrated an L4-L5 disk protrusion with associated thecal sac indentation. The applicant's radicular pain complaints, thus, were radiographically and electrodiagnostically confirmed. Moving forward with what was framed as a first-time request for a lumbar epidural steroid injection was, thus, indicated. Therefore, the request was medically necessary.