

<b>Case Number:</b>	CM13-0030013		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	06/12/2013
<b>Decision Date:</b>	04/16/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of June 12, 2013. The applicant has a history of prior lumbar laminectomy surgery in 1997, unrelated to the above captioned industrial injury. Thus far, the applicant has been treated with the following: Analgesic medications; six sessions of physical therapy between June and July 2013; and a TENS unit. A clinical progress note of October 25, 2013 is notable for comments that the applicant reports persistent low back pain and symptoms are not improving. The applicant apparently had an MRI imaging, which showed disk degeneration, disk protrusion, and neural impingement. On exam, limited lumbar range of motion is noted and the applicant does have a normal gait. It is stated that the applicant should pursue an epidural steroid injection. Work restrictions are seemingly endorsed, although it does not appear that the applicant's limitations have been accommodated. In an appeal letter dated September 25, 2013, the attending provider writes that the applicant has a loss of sensorium about the L5 and S1 dermatomes with associated weakness about the left leg musculature; positive straight leg raising were also noted. The applicant apparently had positive findings with an MRI showing defect associated with prior L4-L5 laminectomy and disk degeneration at L5-S1. It was stated that the applicant had tried and failed physical therapy, medications, and modified duty at work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION AT THE LEFT L5-S1 LEVEL UNDER FLUOROSCOPIC GUIDANCE: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309,Chronic Pain Treatment Guidelines Page(s): 4.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, epidural corticosteroid injections for radicular pain are "optional," and can be employed in those individuals who wish to avoid surgery. In this case, the applicant had seemingly tried and failed lesser levels of care, including medications, physical therapy, work restrictions, before the epidural steroid injection was considered. The applicant did have active radicular signs and symptoms as of the date of the request. The applicant did have some MRI corroboration of his radiculopathy. A trial of first time epidural steroid injection was therefore indicated, for all the stated reasons, despite the tepid ACOEM recommendation. It is further noted that the applicant's case was not clearly a chronic pain case as of the date of the Utilization Review Report, September 18, 2013. Page 4 of the MTUS Chronic Pain Medical Treatment Guidelines states that chronicity may be reached anywhere from one to six months post injury. In this case, the applicant's case was not clearly a chronic pain case as of the date of the Utilization Review Report, September 18, 2013. Therefore, ACOEM is invoked preferentially here and the original utilization review decision is overturned. The request is certified, on Independent Medical Review.