

Case Number:	CM13-0035952		
Date Assigned:	12/13/2013	Date of Injury:	03/15/2012
Decision Date:	05/20/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert 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 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/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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain, elbow pain, hip pain, and sacroiliitis reportedly associated with an industrial injury of March 15, 2012. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and acupuncture; and a lumbar MRI of December 27, 2012, notable for disk protrusion and disk degeneration at the L4-L5 level generating some mild compromise of the lumbosacral canal. In a Utilization Review Report of September 27, 2013, the claims administrator denied a request for an L4-L5 lumbar epidural steroid injection, stating that the patient had been approved for recent SI joint injection which would likely improve the patient's symptoms and potentially obviate the need for the proposed lumbar epidural injection. The patient's attorney subsequently appealed. A handwritten December 18, 2013 progress note was difficult to follow, notable for ongoing neck and low back pain. The note employed preprinted checkboxes rather than furnished any narrative commentary. Medications and a pain speciality counseling were sought. In a September 12, 2013 medical-legal evaluation, the patient was asked to remain off of work, try and lose weight, and cease smoking. It was stated that the patient should pursue epidural injections and medications. A handwritten August 7, 2013 progress note is notable for comments that the patient was off of work, on total temporary disability. An August 26, 2013 progress note is notable for comments that the patient reported persistent 8/10 low back pain with associated weakness, numbness, and tingling about the legs. It was stated that the patient suffered both from sacroiliac arthropathy and lumbar radiculopathy. Strength about lower extremity ranges from 4/5 to 5/5. Authorization was sought for the patient's first bilateral transforaminal epidural steroid injection in L4-L5, along with an associated SI joint injection. Topical compounds were also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL TRANSFORAMINAL ESI (EPIDURAL STEROID INJECTION) AT L4-5 UNDER FLUOROSCOPY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. It is further noted that the Chronic Pain Medical Treatment Guidelines also endorses up to two diagnostic blocks. In this case, the patient has incomplete corroboration of radiculopathy with some radiographic changes at the L4-L5 level which might account for some of the patient's radicular symptoms. There are some corresponding signs of lower extremity weakness on exam, also suggestive (but not conclusive) for a bona fide radiculopathy. A trial injection in the diagnostic phase of the claim is indicated, as suggested by the Chronic Pain Medical Treatment Guidelines. The request for a bilateral transforaminal ESI at L4-L5 under fluoroscopy is medically necessary and appropriate.