

<b>Case Number:</b>	CM13-0046972		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	08/01/2006
<b>Decision Date:</b>	03/20/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 1, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture and physical therapy; prior lumbar decompressive surgery at L4-L5 in 2009; a spinal cord stimulator in 2011; muscle relaxant; adjuvant medications; and attorney representation. In a utilization review report of October 29, 2013, the claims administrator denied a request for an epidural steroid injection. The claims administrator apparently denied the request on the grounds that there is no corroboration of radicular complaints, either electrodiagnostically or radiographically. The applicant's attorney subsequently appealed. An earlier progress note of August 13, 2013, is notable for comments that the applicant has had prior unspecified injection therapy. The applicant reports low back pain, numbness, and weakness about the legs. He is having issues with depression. He is morbidly obese with a BMI of 36. The applicant does retain normal muscle strength, tone, reflexes on neurological exam with negative straight leg raising. A transforaminal lumbar epidural steroid injection is sought on the grounds that the applicant has evidence of neural encroachment appreciated on his most recent CT scan. A later note of October 31, 2013, is notable for comments that the applicant is interested in replacement of the spinal cord stimulator. A rather proscriptive 15-pound lifting limitation is endorsed. It does not appear that the applicant has returned to work with said limitation in place. An earlier note of June 18, 2013, is notable for comments that the applicant wishes to pursue the epidural steroid injection to avoid surgery. On an April 23, 2013, progress note, it is stated that the applicant's prior epidural steroid injection in 2007 was the L5-S1 and not L4-L5. It is stated that this injection represents a diagnostic injection.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

### **Bilateral transforaminal epidural steroid injection at L4-L5: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, a maximum of two diagnostic epidural steroid injections are endorsed. In this case, the employee does have ongoing radicular signs and symptoms status post prior lumbar spine surgery in 2009. According to the attending provider, the employee has evidence of radiographic corroboration of radicular complaints at L4-L5. The employee has not had a prior epidural steroid injection at that level. A trial diagnostic (and potentially therapeutic) injection is therefore indicated. Accordingly, the original utilization review decision is overturned. The request is certified