

Case Number:	CM13-0051319		
Date Assigned:	02/20/2014	Date of Injury:	09/10/2008
Decision Date:	05/08/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/14/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 10, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and muscle relaxants. In a utilization review report of November 7, 2013, the claims administrator apparently denied a request for an L3-L4 lumbar epidural steroid injection. It was stated that the applicant had evidence of a lumbar MRI dated February 5, 2013, which abutted the L3-L4 nerve roots but did not necessarily compress the same. The claims administrator seemingly denied the request on the grounds that there is no clear-cut evidence of radiculopathy. The applicant's attorney subsequently appealed. In a clinical progress note of December 7, 2013, the applicant is described as having persistent low back pain issues, especially on the left side. The applicant is on Soma, tramadol, Neurontin, and Norco. The applicant did exhibit a normal gait with negative straight leg raising and 5/5 lower extremity strength and normal sensorium noted on this occasion. The applicant was given a diagnosis of left lower extremity radiculitis. Work restrictions, physical therapy, and another lumbar MRI were sought. On a November 12, 2013 progress note, the applicant presented to report low back pain radiating into the left leg. The applicant was on Norco, tramadol, Soma, Naprosyn, and Neurontin. Well-preserved lower extremity strength and sensorium were noted with positive straight leg raising appreciated on this occasion. MRI imaging and work restrictions were sought. On October 8, 2013, the attending provider sought authorization for an epidural steroid injection, noting that the applicant reported ongoing issues with low back pain radiating into the legs with associated numbness and tingling about the same. Sensorium was diminished about the right lower extremity in the L5-S1 dermatome with positive straight leg raising appreciated on this occasion. The remainder of the

chart was surveyed. There is no evidence that the applicant had undergone epidural steroid injection at any point during the life of the claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 LUMBAR EPIDURAL STEROID INJECTION: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: As 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. However, the Chronic Pain Medical Treatment Guidelines does endorse up to two diagnostic injections. In this case, the evidence on file seemingly suggests that the applicant has not had any prior epidural steroid injections during the life of the claim, at least based on the records provided. It is further noted that the applicant is alleging pain secondary to cumulative trauma as opposed to a specific, discrete injury, so the 2008 date of injury does not necessarily imply five years of treatment through the date of the utilization review report. For all the stated reasons, then, the proposed epidural steroid injection at L3-L4 is indicated and is certified, on independent medical review. The request for an LESI at L3-L4 is medically necessary and appropriate