

<b>Case Number:</b>	CM13-0071654		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	03/21/2008
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 neck and low back pain reportedly associated with cumulative trauma at work first claimed on March 21, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; and opioid therapy. In a Utilization Review Report dated December 27, 2013, the claims administrator denied request for epidural steroid injection therapy, seemingly citing both the ACOEM and the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. The claims administrator stated that there was no documentation that the applicant had tried and failed conservative treatment, although the applicant was over five years removed from the date of injury as of the date of the request. It was not clearly stated whether the request was a first-time request or a repeat request. The applicant's attorney subsequently appealed. A medical-legal evaluation of December 2, 2013 was notable for comments that the applicant reported persistent low back pain, shoulder pain, and neck pain. The applicant reported 7/10 neck pain. It was stated that the applicant had received recommendations to pursue epidural steroid injections but that these injections had not been provided. The applicant stated that earlier treatment with NSAIDs and physical therapy was not beneficial. The applicant did state that he had issues with anxiety and depression. The applicant apparently has MRI imaging demonstrating disk bulges at L4-L5 and L5-S1. It is stated that the applicant is presently working regular duty and has only missed three months of work as a result of the same. The applicant reportedly had intact motor function of the lower extremities, it was stated, with a normal gait, despite some give-away weakness. The qualified medical evaluator did review the applicant's records. There was no mention of the applicant having received earlier epidural injection therapy. It was stated that a trial of epidural injection therapy would be reasonable. In a November 7, 2013 clinical progress note, the

attending provider did seek authorization for epidural steroid injection therapy at the L4-L5 level. The applicant was described as carrying diagnosis of lumbar radiculopathy secondary to disk herniation at L4-L5 and cervical radiculopathy with disk herniation at C6-C7. The applicant's right lower extremity strength was scored at 5/5 with left lower extremity strength scored at 3/5. Left lower extremity sensorium was also diminished. Oxycontin and Seroquel were renewed. A December 5, 2013 progress note was notable for comments that the applicant reported persistent low back pain radiating to the bilateral lower extremities.

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

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

#### **L4-5 EPIDURAL STEROID INJECTION:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. The MTUS does, however, make provisions for an applicant to receive up to two diagnostic blocks. In this case, the applicant does seemingly have radiographic and clinical evidence of radiculopathy with evidence of disk protrusion/herniation at the L4-L5 level. The applicant's radiculopathy has seemingly proven recalcitrant to conservative treatment in the form of time, medications, physical therapy, etc. A trial diagnostic (and potentially therapeutic) epidural steroid injection is therefore indicated. Accordingly, the request is medically necessary, on the Independent Medical Review.