

Case Number:	CM14-0009738		
Date Assigned:	02/21/2014	Date of Injury:	11/27/2011
Decision Date:	06/24/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/23/2014

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 November 27, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; psychotropic medications; and adjuvant medications. In a Utilization Review Report dated January 15, 2014, the claims administrator denied a request for a lumbar epidural steroid injection. The claims administrator stated that the attending provider did not provide compelling evidence of radiculopathy which would justify epidural steroid injection therapy. It was not stated whether or not the applicant had had prior injections. In an October 21, 2013 progress note, the applicant was described as reporting persistent low back and knee pain. The applicant was on Norco, Cymbalta, and Pamelor. The bulk of the information pertained to the applicant's knee issues. The applicant was having tenderness about the knee. Norco, Pamelor, and Cymbalta were sought. The applicant was having right leg pain, reportedly attributed to referred pain from the back. It was stated that the applicant had MRI evidence of a disk bulge at L4-L5 causing associated impingement on the thecal sac. Epidural steroid injection therapy was endorsed. A December 19, 2013 progress note is notable for comments that the applicant was paresthesias and electric shocks about the toes. The applicant was using Norco and Cymbalta and exhibited 5-/5 lower extremity strength. A rather proscriptive 10-pound lifting limitation was endorsed, which the applicant's employer was apparently not able to accommodate. Authorization was later sought for a functional restoration program. In a behavioral medicine evaluation dated November 14, 2013, the applicant stated that he had not received any physical therapy, manipulative therapy, or injections over the life of the claim and that he had been treated exclusively with medications to date. The remainder of the file was surveyed. There was no

explicit mention of the applicant's having had epidural injections, as an earlier note of August 19, 2013 suggested that the applicant had declined epidurals at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5 TRANSFORAMINAL ESI UNDER FLUOROSCOPY: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS, 46

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, up to two diagnostic blocks are recommended. In this case, the request in question does represent a first-time request for epidural steroid injection therapy. It is incidentally noted that the attending provider has suggested that the applicant has radiographically-confirmed radiculopathy. The applicant does have ongoing complaints of low back pain radiating to legs with associated dysesthesia and diminished lower extremity strength, low grade, appreciated about the bilateral toes. A trial diagnostic (and potentially therapeutic) epidural steroid injection is therefore indicated. Accordingly, the request is medically necessary.