

Case Number:	CM14-0108128		
Date Assigned:	08/01/2014	Date of Injury:	08/27/2013
Decision Date:	10/16/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/11/2014

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 August 27, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; muscle relaxants; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 25, 2014, the claims administrator approved a pain management consultation while denying an L4-L5 transforaminal epidural steroid injection. The claims administrator did not clearly state whether or not the request was a first-time request or a renewal request. Somewhat incongruously, the claims administrator reported in one section of its note that the applicant had evidence of radicular symptoms and concordant exam findings with imaging findings also suggestive of nerve root compression but went on to deny the request nevertheless. In an April 29, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the right thigh and sometimes to the right calf. The applicant was using Motrin for pain relief. Pain was reported at 3-5/10. The applicant was reportedly working in a modified role, it was stated. A 5/5 lower extremity strength was appreciated on exam. The applicant's BMI was 32 suggestive of obesity. Motrin, a pain management consultation, and right-sided L4-L5 epidural steroid injection were sought. The applicant was given a permissive 25-pound lifting limitation. In an earlier note dated March 3, 2014, the applicant was described as having lumbar MRI demonstrating a 6-mm disk bulge with associated central canal narrowing and mild left neuroforaminal narrowing at the L4-L5 level in question. An epidural steroid injection was sought on this date. The applicant was again described as reporting 5-7/10 low back pain radiating to the right leg. The remainder of the file was surveyed. There was no evidence that the applicant had previously received an epidural

steroid injection, although the attending provider appealed the previous denial in a June 5, 2014 progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection, right L4-5, per 06/05/14 form, quantity 1.:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections; Criteria for the use of Epidural steroid inje.

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, epidural steroid injections are recommended as an option in the treatment of radicular pain, as is present here. The applicant continues to report low back pain radiating to the right leg. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines goes on to support up to two diagnostic blocks. In this case, the request in question does represent a first-time request for epidural steroid injection therapy. The applicant does have ongoing radicular complaints and some radiographic corroboration at the level in question, L4-L5. Pursuit of an epidural steroid injection is therefore indicated. Accordingly, the request is medically necessary.