

Case Number:	CM14-0151756		
Date Assigned:	09/19/2014	Date of Injury:	02/24/2014
Decision Date:	11/19/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/17/2014

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 low back pain reportedly associated with an industrial injury of February 24, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report dated August 26, 2014, the claims administrator denied a request for a lumbar epidural steroid injection. The claims administrator stated that the applicant did not have concrete evidence of radiculopathy. The applicant's attorney subsequently appealed. In a July 21, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the right leg, 8/10. 4/5 left hip flexion was noted with 5/5 strength noted about the remainder of the lower extremities. A positive straight leg rising was noted on the right. Right ankle hyporeflexia was appreciated. The attending provider stated that lumbar MRI imaging of June 20, 2014 was notable for disk protrusions at L4-L5 and L5-S1 with mild central canal stenosis at the L5-S1 level. The attending provider suggested that the applicant would benefit from a two-level epidural steroid injection at L4-L5 and L5-S1, given the failure of conservative measures. In an earlier note dated March 11, 2014, it was acknowledged that the applicant was not working as the applicant's employer was unable to accommodate proposed limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 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, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant has some [incomplete] evidence of radiculopathy at the L4-L5 and L5-S1 levels. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, furthermore, support up to two diagnostic blocks. The request at issue does represent the applicant's first planned lumbar epidural steroid injection. Given the failure of first-line conservative treatments including time, medications, physical therapy, NSAIDs, etc., and the continued presence of ongoing radicular complaints, a trial diagnostic (and potentially therapeutic) epidural steroid injection is therefore indicated. Accordingly, the request is medically necessary.