

<b>Case Number:</b>	CM14-0153383		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/28/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 mid back pain reportedly associated with an industrial injury of February 28, 2010. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a total knee replacement surgery in 2012; and reported return to work at [REDACTED]. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for an L2-L3 transforaminal epidural steroid injection under conscious sedation. The claims administrator stated that he was basing his decision, in large part, on earlier unfavorable Utilization Review decision and further posited that the applicant did not have compelling evidence of radiculopathy. The applicant's attorney subsequently appealed. In a May 21, 2014 progress note, the applicant reported persistent complaints of low back pain, mid back pain, and knee pain. The applicant was apparently working as a courtesy clerk at [REDACTED], it was noted. The applicant was using Naprosyn, Neurontin, tramadol, Synthroid, Zocor, Prilosec, and Valium, it was stated. The applicant reportedly had lumbar MRI imaging of December 20, 2013 demonstrating L2-L3 spondylosis with associated moderate central canal stenosis. The applicant did exhibit a normal gait and 5/5 lower extremity strength. The attending provider stated that the applicant did have complaints of both axial low back pain and pain radiating to the bilateral lower extremities. An L2-L3 transforaminal epidural steroid injection was sought. The remainder of the file was surveyed. The applicant was apparently reporting both axial and radicular complaints on earlier office visits of April 14, 2014 and May 7, 2014. Neither the attending provider nor the claims administrator, however, clearly stated whether or not the applicant had had prior epidural injections at the level in question. In a January 28, 2014 medical-legal evaluation, the medical-legal evaluator did conduct a comprehensive survey of records. It appeared that the bulk of the

applicant's treatment through that point in time had involved the right knee. There was comparatively little or no record of treatment involving either the thoracic or lumbar spines.

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

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

**Bilateral L2-3 TF ESI under Conscious Sedation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 California Medical Treatment Utilization Schedule (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 does have radiographic evidence of radiculopathy at the L2-L3 level, with spondylosis, degenerative changes, and central canal stenosis, all present at that level. The applicant does have ongoing complaints of low back pain radiating to the bilateral lower extremities, it has been reported on several occasions referenced above. The applicant does not appear to have had prior lumbar epidural steroid injection. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, does support up to two diagnostic blocks. An epidural steroid injection at the level in question is indicated, for all of the stated reasons. Therefore, the request is medically necessary.