

Case Number:	CM14-0157458		
Date Assigned:	09/30/2014	Date of Injury:	03/26/2014
Decision Date:	11/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	09/25/2014

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] delivery driver who has filed a claim for low back pain reportedly associated with an industrial injury of March 26, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; opioid therapy; and work restrictions. In a September 15, 2014 progress note, the claims administrator failed to approve an epidural steroid injection, stating that the applicant did not have clear evidence of radiculopathy. The applicant's attorney subsequently appealed. In an August 18, 2014 progress note, the applicant reported ongoing complaints of low back pain. It was suggested that the applicant was working with limitations in place. It was stated that the applicant had had lumbar MRI imaging of May 13, 2014 demonstrating a right-sided disk protrusion at L4-L5 with associated neuroforaminal encroachment. The applicant was on tramadol, Soma, and Mobic, it was acknowledged. The applicant had slightly diminished sensorium about the right leg versus the left, it was stated. Straight leg raising was equivocal. An L4-L5 epidural steroid injection was sought. Work restrictions were endorsed. The applicant was given prescriptions for Medrol, Norco, and Soma. The applicant did report tingling about the legs on neurologic review of systems.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Lumbar epidural under Fluroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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 apparently has some "incomplete" evidence of radiculopathy at the level in question, L4-L5. The applicant's radicular symptoms have proven recalcitrant to conservative management including time, medications, physical therapy, muscle relaxants, etc. The applicant does have paresthesias about the lower extremities and some radicular signs appreciated on exam, including equivocal straight leg raising and hyposensorium. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, moreover, does endorse up to two diagnostic blocks. The request in question does represent a first-time epidural request. ESI therapy is indicated, given the failure of less invasive treatments. Therefore, the request is medically necessary.