

Case Number:	CM14-0167435		
Date Assigned:	10/14/2014	Date of Injury:	01/13/2014
Decision Date:	11/17/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/10/2014

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 January 13, 2014. Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy; and work restrictions. In a Utilization Review Report dated September 25, 2014, the claims administrator denied a request for an epidural steroid injection with associated epidurography. The applicant's attorney subsequently appealed. In a September 24, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant reportedly used Morphine extended release for intermittent flares of pain. The applicant was pending an epidural steroid injection. 5/5 lower extremity strength was noted with negative straight leg raising. Hypo-sensorium was noted about the left lower extremity versus the right lower extremity. The applicant's medication list included Neurontin, Relafen, Morphine, Tylenol, Prozac, and Desyrel. The applicant was described as having low back pain radiating to the left lower extremity at the bottom of the report, which had proven recalcitrant to physical therapy and acupuncture. An epidural steroid injection was sought. It was suggested that this was a first-time epidural block. The applicant was returned to part-time work at a rate of four hours per day. The remainder of the file was surveyed. There was no mention of the applicant having had a prior epidural steroid injection. Rather, several documents suggested that the applicant had previously been offered an epidural block but had reportedly declined the same. On March 4, 2014, the attending provider stated that the applicant had disk protrusions at the L4-L5 and L5-S1 levels with associated neuroforaminal stenosis. Lumbar MRI imaging of February 27, 2014 was notable for central disk protrusion at L5-S1 and a facet spur at L4, contacting the exiting nerve root with mild foraminal stenosis at L2 L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Transforaminal ESI at L4, L5 and S1, with IV Sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, as is present here. The applicant has ongoing complaints of low back pain radiating to the left leg, which have been seemingly proven recalcitrant to time, medications, physical therapy, acupuncture, etc. The applicant has failed to return to regular duty work. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that radicular symptoms be corroborated electrodiagnostically or radiographically prior to pursuit of epidural injections, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this position by noting that two diagnostic blocks are recommended. In this case, the request in question seemingly represents a request for first-time epidural steroid injection. This is indicated, given the failure of conservative measures. Therefore, the request is medically necessary.