

Case Number:	CM14-0171045		
Date Assigned:	10/23/2014	Date of Injury:	04/18/2006
Decision Date:	11/28/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/16/2014

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 April 18, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery in 2002; subsequent lumbar spine surgery in 2012; spinal cord stimulator; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 27, 2014, the claims administrator denied a request for selective two-level right foraminal L5-S1 epidural steroid injection under fluoroscopy. The claims administrator, somewhat incongruously, did document older MRI as demonstrating postoperative changes and mild-to-moderate foraminal stenosis at the levels in question and also noted that the applicant had had electrodiagnostic testing of February 26, 2013 demonstrating bilateral S1-innervated nerve root impingement, L5 nerve root impingement and left L4 nerve root impingement. The applicant's attorney subsequently appealed. In a September 17, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant reported some worsening of low back pain some nine weeks prior. The attending provider alluded to an MRI of August 2010 demonstrating moderate-to-severe central stenosis at L5-S1 and right-sided foraminal stenosis at L4-L5, associated with residuals of the previous surgery. The applicant was using Duragesic, Dilaudid, and Vimovo along with oral Toradol for acute flares of pain. The applicant exhibited an antalgic gait with 4/5 right lower extremity strength appreciated versus 5/5 left lower extremity strength. The applicant had positive straight leg raising on the right. The attending provider suggested that the applicant pursue a selective right-sided foraminal L5-S1 epidural steroid injection under fluoroscopy. The attending provider posited that the applicant has failed

to obtain relief from other conservative measures, including oral Toradol, injectable Toradol, and Medrol Dosepak.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective two level right foraminal L5 and S1 epidural steroid injections under fluoroscopy with epidurography: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 79.

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 seemingly has both radiographic and electrodiagnostic evidence of radiculopathy. The applicant has responded favorably to earlier epidural steroid injections as evinced by her reported return to and maintenance of regular duty work status. Pursuing repeat epidural injections at the levels in question is therefore indicated. Accordingly, the request is medically necessary.