

Case Number:	CM14-0175245		
Date Assigned:	10/28/2014	Date of Injury:	08/25/1998
Decision Date:	12/04/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/23/2014

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 August 25, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; unspecified amounts of physical therapy over the course of the claim; earlier left knee arthroscopy; and extensive periods of time off work. In a Utilization Review Report dated October 2, 2014, the claims administrator approved a follow-up visit, approved an epidural steroid injection at the L4-L5 level and denied an epidural steroid injection at the L5-S1 level. The claims administrator seemingly suggested that the applicant did not have evidence of radiculopathy at the level in question, although the rationale was somewhat difficult to follow. The applicant's attorney subsequently appealed. In an April 29, 2014 progress note, the applicant reported ongoing complaints of low back and knee pain. The applicant was given prescriptions for Norco, oral Ketoprofen, and Flexeril. The applicant was placed off of work, on total temporary disability, for six weeks. In a progress note dated July 9, 2014, authorization was sought for an L4-L5 and L5-S1 epidural steroid injection. It was stated that the applicant had ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant had gained weight. Positive straight leg raising was noted. Hypo-sensorium was noted about the L4-L5 dermatomes bilaterally. On July 22, 2014, the applicant's primary treating provider again placed the applicant off of work, on total temporary disability and suggested in the diagnoses section of the report that the applicant had diminished sensorium about the right lower extremity at L4-L5 and L5-S1 distributions. On September 10, 2014, attending provider alluded to the applicant having had a lumbar MRI on December 14, 2010, demonstrating a 4 to 5 mm disk protrusion at L4-L5 with a 4 mm disk protrusion at L3-L4. The attending provider again stated that he was intent on pursuing epidural steroid injection at L4-L5 and L5-S1 to ameliorate the

applicant's ongoing complaints of low back pain with associated lower extremity paresthesias. It was not stated whether the applicant had prior epidural injections or not. On September 23, 2014, the applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral transforaminal epidural steroid injection (ESI) under fluoroscopic guidance at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies his position by noting that radiculopathy must generally be corroborated by imaging studies and/or electrodiagnostic testing. In this case, there does not appear to be clear radiographic corroboration or radiculopathy at the levels in question. While an earlier 2010 MRI had apparently demonstrated some disk protrusion at L4-L5, there was no mention of associated nerve root compromise. There was no mention of any pathology at the L5-S1 level, it is further noted. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks, in this case, it was not clearly stated whether the request in question was a first time request/diagnostic block or whether the request represented a repeat block. The request, thus, cannot be supported as written owing to the paucity of supporting information. Therefore, the request is not medically necessary.