

<b>Case Number:</b>	CM14-0178181		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	11/21/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 November 21, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 26, 2014, the claims administrator administratively denied a request for lumbar epidural steroid injection at L5-S1 on the grounds that the attending provider did not respond to request for additional information. The applicant subsequently appealed. In a September 15, 2014 progress note, the applicant reported multifocal pain complaints with ancillary issues including hypertension, fatigue, and insomnia. The applicant was given prescriptions for Tribenzor and Catapres. A sleep study was endorsed. In a psychiatric evaluation dated July 14, 2014, the applicant stated that he had developed issues with psychological stress, depression, anxiety, and insomnia which he attributed to harassment on the part of his employers and co-workers. The applicant acknowledged that he had not worked since May 1, 2011. In a September 4, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. Limited lumbar range of motion was noted. Authorization was sought for an epidural steroid injection at L5-S1 on the grounds that an agreed medical evaluator had suggested that this be performed. In a May 2, 2013 Medical-legal Evaluation, it was noted that the applicant had ongoing complaints of low back pain radiating into the bilateral lower extremities. It was stated that the applicant had previously received recommendation to pursue an epidural steroid injection at L5-S1 but had elected not to pursue the same at that point in time. The Medical-legal evaluator suggested that the applicant continue acupuncture, and obtain an epidural injection while remaining off of work, on total temporary

disability. In another Medical-legal Evaluation of February 26, 2014, the Medical-legal evaluator alluded to earlier electrodiagnostic testing of September 11, 2012 notable for her left chronic sacroiliac radiculopathy. The remainder of the file was surveyed. There was no evidence that the applicant had in fact had a prior epidural injection.

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

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

#### **Lumbar steroidal epidural injection at the level of L5-S1: 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 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 seemingly have some electrodiagnostic corroboration of radiculopathy, an earlier Medical-legal evaluator suggested. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also supports up to two diagnostic epidural blocks. In this case, the applicant does not appear to have had any prior epidural injections over the course of the claim. A trial injection is therefore indicated. Accordingly, the request is medically necessary.