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| <b>Case Number:</b>   | CM14-0179738 |                              |            |
| <b>Date Assigned:</b> | 11/04/2014   | <b>Date of Injury:</b>       | 02/22/2014 |
| <b>Decision Date:</b> | 12/12/2014   | <b>UR Denial Date:</b>       | 10/17/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/29/2014 |

### 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 an [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of February 22, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and several months off of work. In a Utilization Review Report dated October 17, 2014, the claims administrator denied a request for a lumbar epidural steroid injection at L4-L5, stating that the applicant did not have compelling evidence of radiculopathy at the level in question. The applicant subsequently appealed. In a November 6, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities, left greater than right. Being off of work for several weeks had not generated any improvement, the attending provider acknowledged. The applicant was still using naproxen and baclofen. The applicant was receiving total temporary disability benefits, it was noted. Hyposensorium was noted about the left leg which reportedly reduced left lower extremity strength. Tenderness about the SI joints was appreciated. The attending provider suggested that the applicant undergo an epidural steroid injection, noting that the injection might be diagnostically helpful in terms of determining whether applicant's primary pain generator was lumbar radiculopathy versus SI joint pain. Naproxen was endorsed. The applicant was placed off of work for four additional days and then given an extremely proscriptive limitation of 'no commercial driving' effectively resulting in the applicant's removal from the workplace. Lumbar MRI imaging of June 30, 2014 was reviewed and was notable for multilevel degenerative changes with small low-grade disk protrusions at T11-T12 and L1-L2 generating only mild thecal sac indentation without significant spinal canal or neural foraminal stenosis. At L4-L5, a disk-osteophyte complex generating moderate right-sided and mild left-sided neural foraminal narrowing was noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar Epidural Steroid Injection:** 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 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, peripherally that which is radiographically and/or electrodiagnostically confirmed. The MTUS does qualify its position on epidural injections by noting that up to two diagnostic blocks can be supported, however. Here, there is some [incomplete] corroboration of radiculopathy at the level in question, L4-L5. The applicant does have disk-osteophyte complex generating associated neural foraminal narrowing and/or neural foraminal stenosis. This finding could, thus, account for the applicant's ongoing radicular complaints. The applicant has not had any prior epidural steroid injections to date. As suggested by the attending provider, the injection in question could, thus, potentially play a diagnostic role, in light of the applicant's reportedly superimposed sacroiliac joint pathology. Therefore, the request is medically necessary.