

Case Number:	CM14-0022543		
Date Assigned:	05/07/2014	Date of Injury:	11/12/2010
Decision Date:	07/10/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/21/2014

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 and neck pain reportedly associated with an industrial injury of November 12, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and cervical facet blocks. In a Utilization Review Report dated February 4, 2014, the claims administrator approved diagnostic facet medial branch blocks while denying an L5-S1 epidural steroid injection. The claims administrator cited a variety of non-MTUS ODG Guidelines in its decisions, although the MTUS did address the request at hand. The applicant's attorney subsequently appealed. A February 19, 2014 progress note is notable for comments that the attending provider was appealing the previously denied L5-S1 epidural steroid injection/selective nerve root block. The applicant was on Naprosyn, tramadol, Topamax, Flexeril, Effexor, hydrochlorothiazide, Mevacor, aspirin, and melatonin, it was stated. The applicant had 4+/5 left lower extremity strength versus 5/5 about the right lower extremity, it was suggested. The applicant was severely obese, standing 5 feet 4 inches tall, and weighing 220 pounds, it was further noted. It was stated that the applicant had had MRI imaging suggestive of an S1 nerve root irritation and had weakness about the L5-S1 dermatome. The remainder of the file was surveyed. There was no evidence that the applicant had had lumbar epidural steroid injection therapy. On March 12, 2014, the attending provider stated that the applicant had some evidence of radiculopathy noted on earlier MRI imaging at the L5-S1 level but acknowledged that earlier electrodiagnostic testing had been negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 FLUOROSCOPICALLY GUIDED LEFT L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION WITH LEFT S1 SELECTIVE NERVE ROOT BLOCK:

Overtured

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 Injection topic Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks. In this case, the applicant does not appear to have had any epidural blocks over the life of the claim. Lumbar MRI imaging of October 2, 2007 does seemingly corroborate the applicant's radicular complaints, to some extent, with a disk bulge at L5-S1 noted with the potential for S1 nerve root irritation. Given the applicant's persistent complaints and recalcitrance to conservative management, a trial diagnostic (and potentially therapeutic) epidural steroid injection is indicated, appropriate, and supported by page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of fluoroscopy for guidance purposes during epidural steroid injections. Therefore, the request for fluoroscopically guided left L5-S1 transforaminal epidural steroid injection with left S1 selective nerve root block is medically necessary and appropriate.