

Case Number:	CM14-0023210		
Date Assigned:	05/14/2014	Date of Injury:	09/24/2012
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 claimant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 24, 2012. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy and chiropractic manipulative therapy; lumbar MRI imaging of December 2012, notable for diffuse disk protrusions at L4-L5 and L5-S1, the former of which was apparently notable for neuroforaminal narrowing with associated L4 nerve root effacement; and work restrictions. It does not appear that the claimant was working with limitations in place, however. In a Utilization Review Report dated February 4, 2014, the claims administrator denied a request for epidural steroid injection therapy, citing non-MTUS AMA guidelines in its denial. In a progress note dated November 21, 2013, the claimant was described as reporting persistent low back pain with associated numbness about the legs. Hypersensory is noted about the lower extremities. Oral diclofenac, Tramadol, and Prilosec were prescribed. It was stated that the claimant had not responded favorably to physical therapy and manipulative therapy and that epidural steroid injection therapy could be considered. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the claimant was working with said 10-pound lifting limitation in place. There was no mention of the claimant having had earlier epidural steroid injection therapy in a medical-legal evaluation of February 22, 2013. On April 2, 2014, the claimant's attending provider noted that the claimant had worsening low back pain radiating to the legs, diminished sensorium about the left leg, and positive straight leg raising. A decision to deny epidural steroid injection therapy was appealed. It was stated that the claimant had failed medication therapy, physical therapy, and manipulative therapy. The remainder of the file was surveyed. There was no inclusion of any epidural steroid injection procedure note.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L4-5: Overturned

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

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

Decision rationale: 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, the MTUS does support up to two diagnostic epidural blocks. In this case, the medical records do not indicate that patient has had any prior epidural steroid injections. The claimant has proven recalcitrant to conservative management with time, medications, physical therapy, manipulation, etc. The claimant does have some radiographic corroboration of radicular complaints with some effacement of L4 nerve roots noted on MRI imaging. Therefore, the request for a lumbar epidural steroid injection L4-L5 is medically necessary and appropriate.