

<b>Case Number:</b>	CM14-0023228		
<b>Date Assigned:</b>	05/14/2014	<b>Date of Injury:</b>	02/07/2007
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 7, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery in 2008; electrodiagnostic testing of January 20, 2013, notable for chronic radiculopathy; and the apparent imposition of permanent work restrictions. In a utilization review report dated February 6, 2014, the claims administrator denied a request for an L3-L4 lumbar epidural steroid injection. The utilization review report was extremely difficult to follow. No clear rationale for the denial was provided. The claims administrator appeared to suggest that there was no dermatomal finding of radiculopathy, which would correlate with MRI findings. Nevertheless, the claims administrator did not incorporate cited guidelines into its rationale and, furthermore, employed non-MTUS ODG Guidelines in its denial. The applicant's attorney subsequently appealed. An August 6, 2013 progress note is notable for comments that the applicant reported persistent low back pain radiating to the bilateral lower extremities status post earlier spine surgery and hardware removal. The applicant was placed on Norco and Naprosyn at that point in time. Permanent work restrictions were endorsed. In a medical-legal evaluation of October 23, 2012, there was no specific mention of the applicant having had an earlier epidural steroid injection therapy. The applicant was given a 35% whole-person impairment rating. Lumbar MRI imaging of January 17, 2014 was notable for postoperative changes at L5-S1 and L4-L5 with some residual encroachment at the left L5 nerve root. A low-grade disk bulge was noted at L3-L4 with mild-to-moderate central canal narrowing at that level. Epidural steroid injection was apparently sought on January 20, 2014. The applicant did report persistent low back pain with numbness about the legs at that point in time. The applicant did exhibit an antalgic gait and positive straight leg raising on that date with diminished lower extremity sensorium. It was stated that the applicant would benefit from a series of epidural

injections; however, the request submitted on the RFA form was for a single L3-L4 epidural steroid injection.

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

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

#### **LUMBAR L3-4 EPIDURAL STEROID INJECTION:** 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:** Yes, the proposed L3-L4 epidural steroid injection is medically necessary, medically appropriate, and indicated here. 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. In this case, the applicant does have active signs and symptoms of lumbar radiculopathy, which are electrodiagnostically confirmed. There is, additionally, some (admittedly incomplete) radiographic corroboration for the applicant's radicular complaints at the level in question, L3-L4. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks. In this case, it does not appear that the applicant had any epidural injections, based on those records, which were provided for review. Therefore, the request is medically necessary.