

Case Number:	CM14-0027189		
Date Assigned:	06/13/2014	Date of Injury:	08/21/2010
Decision Date:	07/21/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	03/04/2014

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, myalgias, and myositis reportedly associated with an industrial injury of August 21, 2010. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; and unspecified amounts of acupuncture, chiropractic manipulative therapy, and physical therapy. In a Utilization Review report dated January 31, 2014, the claims administrator denied a request for epidural steroid injection therapy, stating that there was no clear evidence of radiculopathy here. Somewhat incongruously, however, the claims administrator wrote in its utilization review report that the request in question was a diagnostic block. There was no mention of whether or not the applicant had had earlier epidural steroid injections over the course of the claim. The applicant's attorney subsequently appealed. A December 17, 2013 progress note was notable for comments that the applicant reported persistent 7/10 pain with some radiation of pain too and numbness about the legs. The applicant was still smoking, it was stated. Tenderness about the paraspinal muscles was noted with limited lumbar range of motion appreciated. 4/5 strength was noted about the left hip flexors with the remainder of the lower extremity strength scored at 5/5. The applicant did have diminished sensorium about the L3 dermatome. An L3-L4 transforaminal epidural steroid injection was sought. It was stated that the applicant had failed conservative treatment. It was stated that the block in question was a diagnostic block. Tramadol and an unspecified topical compound were apparently renewed. A primary treating physician note of September 19, 2013 was notable for comments that the applicant was off of work, on total temporary disability. The attending provider had made an earlier request for an epidural injection on November 12, 2013, stating that the applicant had radiculopathy on physical examination and neuroforaminal stenosis noted on MRI (magnetic resonance imaging), with 3-mm disk protrusion at L4-L5 resulting in effacement of the thecal sac. The remainder of the file

was surveyed. The applicant was seemingly placed off of work, on total temporary disability, for extensive amounts of time. The remainder of the file was surveyed. There were no epidural steroid injection procedure notes on file. There was no evidence that the applicant had in fact had an earlier lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORAMINAL EPIDURAL STEROID INJECTION (TESI) L3-L4: 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: As noted on in the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electro-diagnostically confirmed. In this case, the applicant does have persistent complaints of low back pain radiating to left leg. The applicant does have some radiographic corroboration of radiculopathy at the level of question with a disk bulge effacing the thecal sac noted. It is further noted that the request in question represents a first-time request for epidural steroid injection therapy. The attending provider has specifically stipulated that the request in question is a diagnostic block. The MTUS does in fact support up to two diagnostic blocks. Therefore, the request is medically necessary.