

<b>Case Number:</b>	CM14-0028467		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of August 26, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties, a lumbar MRI imaging of October 28, 2013, notable for multilevel disk herniations and disk desiccation at the L3-L4 and L4-L5 levels with a larger central disk extrusion noted at the T12-L1 level; attorney representation, and extensive periods of time off of work. In a Utilization Review Report dated February 19, 2014, the claims administrator denied a request for lumbar epidural steroid injection therapy. The claims administrator stated that there was not necessarily a clear correlation between the applicant's presentation and the MRI findings and seemingly used as a basis of the denial. The claims administrator did not, furthermore, incorporate cited guidelines into its rationale. The applicant's attorney subsequently appealed. A January 27, 2014 progress note was notable for comments that the applicant had persistent low back and radicular complaints down the leg. The attending provider imputed the applicant's symptoms to a disk bulge at L4-L5. It was stated that the applicant was not represented and was not working. The applicant had lower extremity strength ranging from 4/5 to 5/5 about the right leg versus 5/5 about the left leg. Decreased sensorium was noted about the L4 dermatome. Epidural steroid injection therapy at L4-L5 was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION AT RIGHT L4-5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**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 indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, there is some (incomplete) radiographic corroboration for the applicant's radicular complaints. The applicant does have evidence at the level in question, L4-L5. 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, the request in question represents a first-time request for an epidural steroid injection. There is no evidence that the applicant has in fact had any prior epidural injection therapy. Therefore, the request is medically necessary.