

Case Number:	CM14-0032588		
Date Assigned:	06/20/2014	Date of Injury:	07/06/2013
Decision Date:	07/24/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	03/14/2014

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 pain reportedly associated with an industrial injury on July 6, 2013. Thus far, she has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; lumbar MRI imaging on August 7, 2013, notable for L4-L5 neuroforaminal encroachment, compromise of the right exiting nerve root, adjuvant medications and unspecified amounts of physical therapy. In a Utilization Review Report dated on March 12, 2014, the claims administrator denied a request for an epidural steroid injection, stating, that there is no radiographic or Electrodiagnostic evidence of L4-L5 nerve root pathology to support pursuit of epidural steroid injection therapy. The claims administrator further stated that there was no evidence that conservative treatments have been failed. The applicant's attorney subsequently appealed. On a February 27, 2014 progress note, she presented with severe low back pain, mild-to-moderate knee pain, and severe left shoulder pain. She was on Norco, Norflex, Neurontin, and Naprosyn, it was stated. She had derivative complaints of anxiety and depression. The applicant did have lumbar tenderness with normal gait, normal heel and toe ambulation, and normal sensorium. She apparently received injections at the L4-L5 level and corticosteroid injections about the shoulder. She also underwent a right knee arthroscopic partially meniscectomy on February 5, 2014. In a progress note dated on January 16, 2014, she was described as having severe low back pain, 7-8/10, radiating to the right leg. The remainder of the file was surveyed. There was no evidence that she had a prior epidural injection. The applicant was placed off of work, on total temporary disability, at various points throughout 2013 and 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 2/27/14) for 1 bilateral lumbar epidural steroid injection at the level of L4-L5: Overturned

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections, page 46 are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant, in addition to having ongoing radicular complains, has a disk herniation at L4-L5 with associated nerve root impingement. This L4-L5 disk protrusion/herniation with associated nerve root impingement does appear to be responsible with the applicant's ongoing radicular complaints of low back pain radiating to the right leg, reportedly severe. The guidelines endorse up to two diagnostic epidural blocks and that this injection appears to represent the applicant's first epidural injection over the course of the claim. Therefore, the request is medically necessary.