

<b>Case Number:</b>	CM14-0038419		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 of October 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and lumbar MRI imaging of February 28, 2013, notable for 2-3 mm annular bulge at L4-L5 and a 3 mm annular bulge at L5-S1. In a utilization review report dated March 11, 2014, the claims administrator denied a request for epidural steroid injection therapy, on the grounds that the applicant had no objectively identified lumbar pathology amenable to an ESI. The applicant's attorney subsequently appealed. A June 6, 2014 progress note is notable for comments that the applicant had persistent complaints of neck, mid back and low back pain, which radiated to the arms, hips, thighs, knees, ankles, feet, and toes. It was stated that the applicant never had an epidural steroid injection. 4/5 low back and left lower extremity strength was noted, with both strength and range of motion restricted and limited to secondary pain, it was acknowledged. An epidural steroid injection was endorsed, along with continued physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Steroid Injection L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural Steroid Injection.

**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 Guidelines, epidural steroid injections are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. However, page 46 of the MTUS Chronic Pain Guidelines does support up to two diagnostic epidural injections. In this case, the request in question seemingly represents a first-time epidural injection. There is no concrete evidence of file that the applicant has had prior epidural steroid injection therapy. A trial diagnostic (and potential therapeutic) epidural injection is therefore indicated, appropriate, and supported by page 46 of the MTUS Chronic Pain Guidelines. As such, the request is medically necessary and appropriate.