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| <b>Case Number:</b>   | CM14-0041417 |                              |            |
| <b>Date Assigned:</b> | 06/30/2014   | <b>Date of Injury:</b>       | 01/13/2005 |
| <b>Decision Date:</b> | 07/29/2014   | <b>UR Denial Date:</b>       | 03/31/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2014 |

### 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 of January 13, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier lumbar laminectomy surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 31, 2014, the claims administrator denied a request for an epidural steroid injection at the L5-S1 level. A January 5, 2014 progress note is notable for comments that the applicant had persistent complaints of low back pain radiating to the right thigh. The applicant had comorbid hypertension, depression, and anxiety, it was acknowledged and was using Norco for pain relief. The applicant did exhibit strength about the lower extremities ranging from 4-5/5 with positive straight leg raising noted. The applicant had a lumbar MRI of March 3, 2014 notable for evidence of an L5-S1 decompression and fusion with mild degenerative changes noted on multiple levels with associated mild spinal canal stenosis. The applicant was asked to pursue an L4-L5 epidural steroid injection, given her failure to respond to other non-operative treatment. The applicant was returned to regular duty work. In an appeal letter dated May 7, 2014, the applicant reported frustration that her epidural steroid injection had been denied. The attending provider positioned that the applicant had persistent complaints of low back pain radiating to the thigh and that she had reported lasting relief with earlier epidural steroid injections. The applicant exhibited normal motor function on this occasion with positive straight leg raising appreciated. A normal gait was likewise noted. Epidural steroid injection was again sought. The applicant was once again returned to regular work. On March 13, 2014, the attending provider again reiterated that that applicant had demonstrated functional improvement with earlier injection therapy and did have

evidence of mild spinal canal stenosis and multilevel degenerative changes, including at the L4-L5 level in question.

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

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

#### **Lumbar ESI under fluroscopy at L4-5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 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, the applicant does have some [incomplete] evidence of radiculopathy at the level in question, L4-L5. The applicant has had at least one prior epidural steroid injection and has, in fact, demonstrated functional improvement with the same. The applicant has returned to and/or maintained regular work status as a stock clerk with the [REDACTED] following her earlier fusion surgery and one prior epidural steroid injection. The applicant does have ongoing signs and symptoms of active radiculopathy, with complaints of low back radiating into thigh and some evidence of diminished strength noted on at least a few occasions. Therefore, the proposed repeat epidural steroid injection at L4-L5 is medically necessary.