

Case Number:	CM14-0042139		
Date Assigned:	06/30/2014	Date of Injury:	10/24/2007
Decision Date:	09/19/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/09/2014

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 24, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; and muscle relaxants. In a Utilization Review Report dated March 25, 2014, the claims administrator denied a request for an epidural steroid injection, stating that the attending provider had failed to corroborate the applicant's lumbar radiculopathy. The claims administrator stated that the attending provider had not furnished documentation to corroborate the applicant's radiculopathy. It was not stated whether or not the request in question represented a first-time epidural request or a repeat request. The applicant's attorney subsequently appealed. In a March 12, 2014 progress note, the applicant was described as having persistent complaints of low back pain with significant radicular complaints, 4-5/10. The applicant was using Mobic, tizanidine, Pravachol, Flomax, Cipro, Flector patches, and topical- compounded Dendracin lotion, it was stated. The applicant was off of work, it was acknowledged. Decreased range of motion about the lumbar spine with right lower extremity strength scored 4-/5, limited secondary to pain versus 5/5 about the left lower extremity. Decreased sensorium was noted about the right leg. The applicant reportedly had electrodiagnostic testing of June 2009 notable for an active L5-S1 radiculopathy. The applicant also had CT imaging of the lumbar spine in November 2007 notable for moderate to severe bilateral recess stenosis at L4-L5 and L5-S1 with associated impingement upon the L5 and S1 nerve roots. The applicant was asked to do home exercises. Authorization was sought for an epidural steroid injection. It was not stated whether or not the applicant had had a prior injection or not. In a medical-legal evaluation dated November 13, 2013, the medical-legal evaluator had apparently surveyed the applicant's file. The applicant was described as having depression with a GAF of 60. The applicant had a prior DUI citation in

2009. There was no mention, however, of the applicant having had a prior epidural steroid injection. On March 14, 2013, it was stated that the applicant would have been deemed "permanently disabled," owing to multifocal upper back, mid back, low back, and knee pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Epidural Steroid Injection with Fluoroscopy at L5-S1: 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 topic Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant apparently has both radiographic and electrodiagnostic corroboration of radiculopathy at the level in question, L5-S1. 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 evidence on file suggested that the applicant has not had prior epidural steroid injection therapy. A trial diagnostic (and potentially therapeutic) epidural block is therefore indicated. Accordingly, the request is medically necessary.