

Case Number:	CM14-0046633		
Date Assigned:	07/02/2014	Date of Injury:	03/21/2012
Decision Date:	09/19/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/14/2014

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, has a subspecialty in Preventive 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, mid back pain, knee pain, ankle pain, and shoulder pain reportedly associated with an industrial injury of March 21, 2012. Portions of the applicant's claim have been administratively contested by the claims administrator. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; a cane; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated March 13, 2014, the claims administrator denied a request for an L4-L5 epidural steroid injection. The claims administrator did invoke a variety of MTUS and non-MTUS guidelines, including AMA Guidelines. The claims administrator did reference electrodiagnostic testing of June 22, 2012 notable for a chronic, active L4-L5 radiculopathy. The claims administrator stated, somewhat incongruously, that there was no concrete evidence of radiculopathy to support the epidural injection in question. It was not stated whether or not the request was a first-time request versus a repeat epidural injection request. The applicant's attorney subsequently appealed. In an April 22, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant had a right-sided L4-L5 radiculopathy, it was stated, reportedly confirmed by imaging studies and electrodiagnostic testing. The applicant was using a cane to move about. 5/5 lower extremity strength was appreciated, it was stated. The attending provider renewed prescriptions for Norco, Voltaren, and Desyrel. The attending provider stated that he was pursuing the epidural steroid injection on the grounds that an earlier request for an L4-L5 microdiscectomy had also been denied. On May 30, 2014, the applicant's treating provider again noted that the applicant exhibited an antalgic gait with complaints of severe low back pain radiating to the right leg with associated paresthesias. The applicant was off of work, on total temporary disability. The attending provider complained that the claims administrator had

denied both epidural steroid injection therapy and a microdiskectomy despite the fact that a medical-legal evaluator had recommended the same. The remainder of the file was surveyed. It did appear that the applicant received epidural steroid injection therapy in conjunction with lumbar facet injections on June 21, 2012.

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 L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. MTUS 9792.20f Page(s): 46.

Decision rationale: The request in question does represent a request for repeat epidural steroid injection therapy as the applicant has had at least one prior set of epidural blocks in June 2012. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural injections should be predicated on evidence of lasting analgesia and/or functional improvement with earlier blocks. In this case, however, the applicant is off of work, on total temporary disability. Severe complaints of low back pain persist. The applicant remains reliant and dependent on other forms of medical treatment, including Norco, Desyrel, a cane, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite at least one prior epidural injection. Therefore, the request is not medically necessary and appropriate.