

Case Number:	CM14-0052688		
Date Assigned:	07/07/2014	Date of Injury:	10/30/2010
Decision Date:	09/05/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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 and major depressive disorder reportedly associated with an industrial injury of October 30, 2010. Thus far, the applicant has been treated with analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and muscle relaxants. In a utilization review report dated April 11, 2014, the claims administrator denied a request for multilevel epidural steroid injections, stating that the applicant's May 2011 lumbar MRI did not demonstrate evidence of lumbar radiculopathy but in fact suggested facet arthropathy. The claims administrator stated that there was no compelling evidence of radiculopathy so as to support the epidural injections in question. It was not stated whether or not the applicant had had prior injections or not. In a January 2, 2014 progress note, the applicant reported 5-7/10 hip, low back, and shoulder pain. The applicant was on Norco and Flexeril, it was acknowledged. The applicant had facet arthropathy at L4-L5 and L5-S1, the attending provider posited, along with some neural encroachment at the same levels. Hip arthritis with shoulder pain was also appreciated. The attending provider sought authorization for epidural injections at L4-L5 and L5-S1 as well as retrospective authorization for a 60-day TENS unit trial. Flexeril and Norco were also dispensed. In a January 4, 2014 letter, the applicant's treating provider suggested that the applicant's lumbar MRI was consistent with radicular symptomatology at L4-L5 and L5-S1 levels in question and that epidural steroid injection therapy was therefore indicated. It was stated that the applicant was off of work and was, furthermore, morbidly obese. In an April 10, 2014 progress note, the applicant reported 5/10 low back pain radiating into left leg. The applicant was given refills of various medications, including Naprosyn, Norco, Prilosec, Lortab, and Norflex. On May 6, 2014, the attending provider suggested that the applicant had persistent complaints of low back pain radiating into left leg

with some evidence of diminution of muscle strength about the left and right leg musculature with positive straight leg raising test and hyposensorium also noted about the lower extremities. The remainder of the file was surveyed. There was no concrete evidence of the applicant having undergone prior epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Epidural steroid injections L4-5, L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines.

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 are indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, there is apparently some dispute as to the significance of the radiographic findings at the levels in question, L4-L5 and L5-S1. The applicant does, however, have ongoing complaints of low back pain radiating into legs. The applicant does have associated signs of radiculopathy on exam. There is no concrete evidence in the file of the applicant having undergone prior epidural steroid injections. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks. Therefore, the request for a first-time epidural steroid injection at the levels in question is medically necessary.