

<b>Case Number:</b>	CM14-0053353		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	01/11/2008
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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 January 11, 2008. 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; unspecified amounts of acupuncture over the life of the claim; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated April 15, 2014, the claims administrator denied a request for epidural steroid injection at the L4 level. The claims administrator stated that the applicant did not have concrete evidence of radiculopathy at the level in question and therefore denied the request. The claims administrator did not state whether or not this request represented a first time epidural request versus a repeat request. The applicant's attorney subsequently appealed. On January 19, 2014, the applicant was described as doing well status post earlier left shoulder surgery and status post right carpal tunnel release surgery and cubital tunnel release surgery. Additional physical therapy was endorsed. The applicant's work status was not provided. On March 3, 2014, the applicant presented with persistent complaints of low back pain. It was stated that the applicant had received a prior sacroiliac joint injection in April 2009. It was stated that the applicant had undergone left wrist surgery and right shoulder surgery. The attending provider alluded to lumbar MRI of October 2012 demonstrating L2 stenosis. The applicant was reportedly having pain with walking. The applicant was 6 feet tall and weighed 298 pounds. The applicant exhibited uncomfortable straight leg raising with intact neurologic function about the bilateral lower extremities. An L4 transforaminal epidural steroid injection was endorsed. The remainder of the file was surveyed. It appears that most of the treatment the applicant had received over the course of claim represented treatment for the left wrist. The applicant did receive an SI joint on April 16, 2009. In a medical-legal evaluation of

December 16, 2008, the medical-legal evaluator alluded the applicant having multilevel central and lateral recess stenosis greatest at L2-L3 but also evidenced to a lesser extent at L3-L4 and L4-L5. On February 25, 2013, the applicant's treating provider suggested that the applicant undergo an L4 epidural steroid injection at that point in time. Epidural steroid injections were also endorsed on November 28, 2012 progress note, it was further noted. The remainder of the file was surveyed. There was no explicit evidence that the applicant had undergone a prior epidural injection over the course of the claim as most of the applicant's treatment had involved the left wrist.

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

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

#### **Transforaminal steroid injection at L4: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

**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 indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant does apparently have some evidence of the radiculopathy at the level in question with some evidence of annular bulging and spinal stenosis at the L3-L4 level. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse up to 2 diagnostic epidural blocks. The request in question does seemingly represent the first epidural steroid injection for the applicant. A trial injection is indicated, given the applicant's persistent radicular complaints. Therefore, the request is medically necessary.