

Case Number:	CM14-0055273		
Date Assigned:	07/07/2014	Date of Injury:	11/04/2009
Decision Date:	09/05/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/24/2014

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 November 4, 2009. 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; lumbar MRI imaging of March 7, 2014, apparently notable for severe disk space narrowing at L2-L3 with associated neuroforaminal stenosis; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated April 17, 2014, the claims administrator denied a request for lumbar epidural steroid injection therapy. Overall rationale was extremely sparse despite documenting that the applicant had had extensive conservative treatment with several years removed from the date of injury, the claims administrator then stated that there was no failure of conservative treatment. The claims administrator had also stated that there was no concrete evidence of radiculopathy here. The applicant's attorney subsequently appealed. In a February 6, 2014 medical-legal evaluation, it was stated that the applicant was performing regular duty work at a car dealership. In a February 21, 2014 medical-legal supplemental report, the medical legal evaluator stated that the applicant's cardiac disease and obesity had impeded and delayed his recovery. On April 3, 2014, the applicant presented with persistent complaints of low back pain radiating to the right leg with intermittent weakness about the right lower extremity. Lumbar MRI imaging was described as demonstrating central canal stenosis, disk desiccation, and neuroforaminal stenosis at the L2-L3 level. The applicant was described as weighing 277 pounds. Lower extremity motor function was intact. The applicant was asked to pursue an epidural steroid function. Tramadol was endorsed for pain relief. The remainder of the file was surveyed. There was no evidence that the applicant had had prior epidural steroid

injection therapy. It was suggested on several occasions that the applicant was working regular duty as a mechanic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection for L2-3 Spine: 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 page 46, 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 radio graphically and/or electro diagnostically confirmed. In this case, the attending provider has posited that the applicant has evidence of disk degeneration, neuroforaminal stenosis, and spinal stenosis at the level in question, L2-L3 and that the applicant's ongoing radicular complaints have proven recalcitrant to first-line treatments, including time, medications, observation, physical therapy, regular duty work, etc. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, does support up to two diagnostic epidural injections. The applicant does not appear to have had any prior epidural blocks. An epidural injection at the level in question is indicated, for all of the stated reasons. Therefore, the request is medically necessary.