

Case Number:	CM14-0065403		
Date Assigned:	07/11/2014	Date of Injury:	05/02/2011
Decision Date:	09/18/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/08/2014

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 May 2, 2011. 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; MRI imaging of the lumbar spine of May 15, 2013, notable for 1 to 2 mm disk bulge at L4-L5 with foraminal disk herniation also displaced in the left L3 dorsal route ganglion; and opioid therapy. In a utilization review report dated April 14, 2014, the claims administrator denied a request for an L4-L5 epidural steroid injection on the grounds that attending provider did not establish the presence of nerve root compromise at the level in question. The applicant's attorney subsequently appealed. In an April 9, 2014 progress note, the applicant was apparently declared permanent and stationary. Persistent complaints of low back pain, left hip, and bilateral hand pain were noted. There was some radiation low back pain to the left leg. The applicant was cooking and doing household chores, but had difficulty performing bending, twisting, and lifting activities. The applicant was using Vicodin, Tylenol No. 3, Motrin, and Norco, it was stated. 5/5 bilateral lower extremity strength was noted. No gross neurologic deficit was noted. Baclofen and epidural steroid injection therapy were sought. The attending provider did conduct a survey of records. It did not appear that the applicant had had earlier epidural steroid injection therapy, based on the limited information on file. It was not clearly stated whether or not the applicant was or was not working. There was, however, some evidence of disk bulging and neuroforaminal narrowing/central stenosis, admittedly low grade, at the L4-L5 level in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar epidural steroid injection at L4-L5 with fluoroscopic imaging: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. In this case, the applicant has some (incomplete) corroboration of radiculopathy at the L4-L5 level in question. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural injections. The applicant does have active lumbar radicular symptoms and it does not appear, based on the evidence on file, to have had a prior lumbar epidural steroid injection. A trial diagnostic (and potentially therapeutic) injection is therefore indicated. Accordingly, the request is medically necessary.