

Case Number:	CM14-0066020		
Date Assigned:	07/11/2014	Date of Injury:	09/08/2003
Decision Date:	09/18/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/09/2014

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 September 8, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and earlier multilevel lumbar decompression surgery. In a Utilization Review Report dated April 16, 2014, the claims administrator denied a request for an L3-L4 epidural steroid injection. The claims administrator stated that the applicant did not have evidence of radiculopathy at the level in question. The claims administrator invoked non-MTUS-ODG Guidelines and Chapter 12 ACOEM Guidelines in its denial, despite the fact that the MTUS Chronic Pain Medical Treatment Guidelines did address the issue and were seemingly applicable. The claims administrator stated that the applicant had electrodiagnostically confirmed radiculopathy at the L5-S1 level as of July 2012 but did not have a bona fide radiculopathy at the L3-L4 level. The applicant's attorney subsequently appealed. In a May 29, 2014 progress note, the applicant reported persistent complaints of low back pain, reportedly severe, and bilateral lower extremity radicular complaints. 50% of the applicant's pain was radicular, it was stated. The applicant was having difficulty doing basic activities of daily living, such as laundry, it was stated. The applicant had reportedly had earlier epidural steroid injection at the L5-S1 level and stated that the said epidural injection generated lasting analgesia. The applicant was using Soma, Norco, and Sonata. Limited lumbar range of motion was noted, despite a slow gait. 5/5 lower extremity strength was appreciated with intact sensorium. An L3-L4 epidural steroid injection was sought. Norco and Flexeril were renewed. The applicant was permanent and stationary with permanent work restrictions. It did not appear that the applicant was working. On March 27, 2014, the attending provider again sought authorization for an L3-L4 epidural injection. The applicant had

seemingly undergone an epidural steroid injection at the L5-S1 level on August 20, 2013. The remainder of the file was surveyed. There was no evidence that the applicant had had prior epidural steroid injection therapy at the L3-L4 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient lumbar epidural steroid injection (ESI) at the L3-L4 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, table 12-8. Decision based on Non-MTUS Citation Official Disability Guidelines (http://www.odg-twc.com/odgtwc/Low_Back.htm).

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 radicular pain, preferably that which is radiographically or electrodiagnostically confirmed. In this case, the applicant's primary pain generator appears to be at the L5-S1 level, the level at which several earlier epidural injections have been targeted and the level at which the applicant has undergone prior lumbar spine surgery. There is no concrete evidence of radiculopathy at the L3-L4 level, either radiographically or electrodiagnostically. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural injections, in this case, however, the attending provider did not clearly outline or state that the injection at question was being performed for diagnostic purposes. Therefore, the request is not medically necessary.