

Case Number:	CM14-0073177		
Date Assigned:	07/16/2014	Date of Injury:	01/26/2010
Decision Date:	09/15/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/20/2014

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 an [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 26, 2010. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, earlier cervical spine surgery in 2011, and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated May 9, 2014, the claims administrator denied a request for an L5-S1 epidural steroid injection on the grounds that there was no concrete evidence of radiculopathy. On January 30, 2014, the applicant was described as having persistent complaints of neck, mid back, low back, and shoulder pain. The applicant was placed off of work, on total temporary disability. On March 27, 2014, the applicant again presented with persistent complaints of low back, mid back, and shoulder pain. Decreased sensorium is noted about the L5 distribution. Norco and Elavil were sought. The applicant was placed off of work, on total temporary disability. It is noted that the attending provider's progress note contained very little in the way of subjective complaints and focused almost exclusively on objective findings. On April 28, 2014, the applicant presented with persistent complaints of low back pain radiating down the legs and neck pain radiating to the arms. The attending provider stated that the applicant was status post an earlier shoulder surgery in 2004 and cervical fusion surgery in 2011. The attending provider stated that the applicant had had one epidural steroid injection but did not state whether or not this was a lumbar injection or a cervical injection. The applicant was given prescriptions for Norco and Elavil and placed off of work, on total temporary disability. Lumbar MRI imaging of December 30, 2013 was notable for a 3-mm broad-based disk protrusion at L5-S1 generating some neuroforaminal stenosis and neuroforaminal impingement. The remainder of the file was

surveyed. There was no exclusive mention of the applicant having undergone a lumbar epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inter-laminar epidural steroid injection to L5-S1: Overturned

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

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

Decision rationale: As noted in the MTUS guidelines, epidural steroid injections are recommended as an option for the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. The MTUS guidelines do recommend up to two diagnostic epidural injections. In this case, the applicant does have some radiographic corroboration of radiculopathy at the L5 level in question, L5-S1, with neuroforaminal impingement and neuroforaminal stenosis noted at this level. It does not appear that the applicant had had a prior lumbar epidural steroid injection. A trial injection at the level in question is indicated. Therefore, this request is medically necessary.