

Case Number:	CM14-0082934		
Date Assigned:	07/21/2014	Date of Injury:	06/01/1994
Decision Date:	10/27/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	06/04/2014

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 and hip pain reportedly associated with an industrial injury of June 1, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated April 28, 2014, the claims administrator denied a request for an L4-L5 interlaminar epidural steroid injection. The Utilization Review Report rationale was difficult to follow and reportedly based on lack of compelling evidence of radiculopathy. The epidural injection and physical therapy were apparently sought via a Request for Authorization (RFA) form dated April 18, 2014. On March 3, 2014, the applicant was described as working unrestricted. The applicant was using tramadol and Norco for pain relief. Persistent complaints of low back pain radiating into the left leg were noted. The attending provider stated that an L4-L5 epidural steroid injection could play both a diagnostic and/or therapeutic role here. It was stated that the applicant was using tramadol and Norco sparingly for pain relief. In an earlier note dated January 6, 2014, it was again noted that the applicant was working regular duty while using Norco and tramadol sparingly for pain relief. Persistent complaints of low back pain radiating into left leg were again appreciated with positive straight leg raising noted on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 Interlaminar Epidural Steroid Injection with Fluoroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural injections.. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Comp-Low Back Procedure Summary.

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 recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does establish a role for up to two diagnostic epidural blocks, however, it is incidentally noted. In this case, the attending provider posited that the epidural injection in question was intended for diagnostic purposes. There was no concrete evidence on file to the effect that the applicant had had prior epidural injections over the course of the claim. A trial diagnostic (and potentially therapeutic) epidural injection to ameliorate the applicant's left lower extremity radicular pain is therefore indicated. Accordingly, the request is medically necessary.