

<b>Case Number:</b>	CM14-0087966		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/11/2014

### 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, neck, and shoulder pain reportedly associated with an industrial injury of October 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 12, 2014, the claims administrator denied a request for an L5-S1 epidural steroid injection on the grounds that the applicant did not have any concrete evidence of radiculopathy present. The applicant's attorney subsequently appealed. In a June 25, 2014 medical legal evaluation, the applicant presented with persistent complaints of neck, shoulder, arm, low back, hip, and leg pain. The applicant was reportedly working with a 10-pound lifting limitation in place, it was suggested. It was not clearly stated whether or not the applicant had had a prior epidural steroid injection. The medical legal evaluator's survey of the records suggested that the applicant had not had prior epidural steroid injection therapy. The medical legal evaluator posited that the applicant had findings suggestive of active lumbar radiculopathy with low back pain radiating into the right leg. In a June 12, 2014 progress note, the applicant presented with persistent complaints of low back pain radiating to the right leg. The applicant reportedly had MRI imaging of December 20, 2013 which demonstrated 3 mm broad based disk protrusions with impingement upon the exiting nerve roots at the L4-L5 and L5-S1 levels. Work restrictions were endorsed. In an earlier note dated May 15, 2014, it was suggested that the applicant had completed 16 sessions of physical therapy and four sessions of acupuncture without relief. Epidural steroid injection therapy was therefore sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar steroidal epidural injection at L5-S1:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 and/or electrodiagnostically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support the two diagnostic blocks, however. In this case, the request in question represents a first-time request for epidural steroid injection therapy. The applicant has proven recalcitrant to other treatments, including time, medications, physical therapy, acupuncture, etc. Significant radicular complaints persist. The applicant does have some radiographic corroboration with disk protrusions and associated nerve root impingement at the L5-S1 level in question. Therefore, the request is medically necessary.