

<b>Case Number:</b>	CM14-0094601		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/21/2014

### 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 December 16, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; and MRI imaging of the lumbar spine of April 18, 2014, notable for multilevel, diffuse, low grade 2 mm disk bulges at L3-L4, L4-L5, and L5-S1, which did flatten the ventral aspect of the thecal sac. In an April 9, 2014, progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral thighs with numbness and tingling about the left leg. The applicant also had an ancillary complaint of neck pain. Mobic, strengthening exercises and a 15-pound lifting limitation were endorsed. It was suggested that the applicant was working with said limitation in place. In a May 30, 2014, progress note, the applicant consulted a pain management physician. Persistent complaints of low back pain were appreciated with radiation of pain to the right leg for a span of one year. The applicant exhibited abnormal gait and positive straight leg raising, it was noted, with unspecified weakness and tightness noted on lower extremity muscle testing. Epidural steroid injection therapy was endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection 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, as is present here. The applicant has continued to report ongoing complaints of low back pain radiating to legs for a span of several months. The applicant's pain complaints have proven recalcitrant to time, medications, physical therapy, work restrictions, etc. The applicant does have some "admittedly incomplete" corroboration of radiculopathy at the L3-L4, L4-L5, L5-S1 levels with associated thecal sac indentation were appreciated. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines do recommend up to two diagnostic epidural blocks. The request in question represents a first time request for epidural steroid injection therapy. Accordingly, the request is medically necessary.