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| Case Number: | CM14-0116111 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 04/18/2005 |
| Decision Date: | 02/17/2015 | UR Denial Date: | 07/17/2014 |
| Priority: | Standard | Application Received: | 07/24/2014 |

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 mid and low back pain reportedly associated with an industrial injury of April 18, 2005. In a Utilization Review Report dated July 17, 2011, the claims administrator failed to approve a request for a lumbar selective nerve root block/epidural steroid injection. A variety of MTUS and non-MTUS guidelines were invoked. The claims administrator cited that the MTUS Chronic Pain Medical Treatment Guidelines in the text of its report, but then stated in the rationale section of the report that the decision was based on non-MTUS Third Edition ACOEM Guidelines per the claims administrator referenced office visit and progress note dated June 26, 2014 and July 3, 2014, in its determination. The claims administrator denial was apparently predicated on the fact MRI imaging corroborated on radiculopathy was not on file. In a November 4, 2014 progress note, it was acknowledged that the applicant was not working. Persistent complaints of elbow pain, hand pain, and back pain were noted. Portions of the applicant's claim had apparently been contested. The applicant's medications included Pravachol, hydrochlorothiazide, Elavil, Cymbalta, Flexeril, Prozac, Percocet, Klonopin, and Catapres, it was acknowledged. Stated diagnoses included bilateral carpal tunnel syndrome, lumbar intervertebral disk associated with myelopathy, elbow epicondylitis, and depression. The applicant was overweight, with a BMI of 31. Lumbar MRI imaging dated January 25, 2013 was notable for focal disk herniation at T12-L1 causing moderate right-sided neuroforaminal stenoses and ventral compression of the thecal sac. Mild-to-moderate facet arthropathy was also noted, including at L4-L5. The applicant had undergone earlier disk resection at L5-S1, it was noted. On July 3, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant's pain was now constant and severe. The applicant's BMI was 31, it was stated on this occasion. Hyposensorium was noted about the

right leg with positive straight leg raising noted bilaterally. Hyposensorium was also noted about the left leg. An epidural steroid injection was sought. The applicant was apparently using Percocet for pain relief. The applicant was placed off of work, on total temporary disability. On June 10, 2013, the applicant apparently consulted a spine surgeon, who opined that the applicant had disk herniations both at T12-L1 and at L4-L5. A selective nerve root block was suggested at that point in time. The remainder of the file was surveyed. It did not appear that the applicant had in fact had the selective nerve block/epidural steroid injection at issue at any point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low back selective nerve root block/epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) <https://www.acoempracguides.org/Lo> Back: Table 2, Summary Recommendations, Low back Disorders

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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. Here, the applicant does have radiographic corroboration of radiculopathy at the T12-L1 and L4-L5 levels. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, does support up to two diagnostic blocks. The request in question does seemingly represent a first time request for epidural steroid injection therapy. Therefore, the request is medically necessary.