

Case Number:	CM14-0121646		
Date Assigned:	08/06/2014	Date of Injury:	11/17/2003
Decision Date:	02/03/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/01/2014

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 November 17, 2003. In a utilization review report dated July 25, 2014, the claims administrator denied a transforaminal epidural steroid injection at the L2-L3 levels. The claims administrator contented that the applicant did not have compelling evidence of radiculopathy at the level in question. The claims administrator noted that the applicant had undergone lumbar fusion surgery at the L4 and S1 levels. The claims administrator did document lumbar MRI imaging of December 21, 2013, demonstrating mild-to-moderate neural foraminal stenosis at L2-L3. A progress note and RFA form of June 16, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. A CT scan of the lumbar spine dated April 29, 2014 was notable for degenerative disc disease, facet arthropathy, retrolisthesis and postoperative changes at the L4-L5 and L5-S1 levels. Neural foraminal narrowing was described as moderate at the L2-L3 level, mild at the L3-L4 level, moderate-to-severe at the L4-L5 level, and severe at the L5-S1 level. On February 3, 2014, the attending provider acknowledged that the applicant was still off work. Persistent complaints of low back pain, at times severe, were reported. The applicant had last worked in 2003. The applicant was using Norco and Soma. Multiple medications were refilled. CT imaging of the lumbar spine was sought to search for possible pseudoarthrosis. Prilosec and permanent work restrictions were also renewed. On June 16, 2014, the applicant reported persistent complaints of low back pain, 9/10, with some radiation of pain into the left groin and left buttock. The applicant was still off work and had last worked in 2003, it was acknowledged. An L2-L3 epidural steroid injection was sought to ameliorate what the attending provider contented was an active radiculopathy at the same. The applicant was also given refills of Norco and Soma. Permanent work restrictions were renewed. The applicant did exhibit hyposensorium

about the left lower extremity and 4/5 left lower extremity strength, the attending provider noted, along with a mildly antalgic gait. The remainder of the file was surveyed. There was no clear statement that the applicant had had prior epidural steroid injection therapy at any point in the claim and no mention of the applicant's having had epidural steroid injection therapy at the level in question, L2-L3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2 and L3 transforaminal 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 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 some (admittedly incomplete) evidence of radiculopathy at the level in question, L2-L3. Moderate neural foraminal stenosis was appreciated at the same. The applicant also reported ongoing complaints of low back pain radiating to the legs, left greater than right, and did have some hyposensorium and diminished left lower extremity strength appreciated on the office visit on which the epidural in question was sought. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, furthermore, support up to two diagnostic epidural blocks. Here, the applicant has not had a prior documented epidural injection and has not, furthermore, seemingly had an epidural injection following the recent CT of the lumbar spine performed in April 2014. Therefore, the request is medically necessary.