

Case Number:	CM14-0185620		
Date Assigned:	11/13/2014	Date of Injury:	03/07/2013
Decision Date:	01/05/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/07/2014

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 March 7, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of physical therapy; and earlier hip arthroscopy. In a Utilization Review Report dated October 3, 2014, the claims administrator denied an epidural steroid injection stating that the applicant did not have bona fide radiculopathy for which epidural steroid injection could be considered. The applicant's attorney subsequently appealed. In a progress note dated September 16, 2014, the applicant's attorney subsequently appealed. In a September 16, 2014, progress note, the applicant reported ongoing complaints of low back pain with reported left-sided radicular complaints. The applicant exhibited positive straight leg raising on exam. 5/5 lower extremity strength and symmetric reflexes were appreciated. Regular duty work, Neurontin, Flexeril and epidural steroid injection therapy were sought. The attending provider stated that the epidural steroid in question would likely play a diagnostic role as the injection could help to identify the pain generator. In an early note dated July 2, 2014, the applicant was again described as having low back pain with associated radicular complaints. The attending provider stated that the applicant had pathology at the L4-L5 level on MRI imaging with ancillary complaints of hip pain. The applicant was asked to continue Neurontin and return to regular duty work. The remainder of the file was surveyed. There was no evidence that the applicant had had a prior epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 and L5 Transforaminal Epidural Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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 indicated in the treatment of radiculopathy, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the applicant does have ongoing low back pain with associated lower extremity radicular complaints. The attending provider has posited that the applicant has pathology at the level in question, L4-L5. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines supports the two diagnostic epidural injections. The epidural injection in question, per the requesting provider, will serve a diagnostic role. There is no evidence that the applicant has had a prior epidural steroid injection as all evidence on the file points to the bulk of the applicant's treatment to date focusing on hip issues. A trial epidural steroid injection is indicated at the level in question, for all of the stated reasons. Therefore, the request is medically necessary.