

<b>Case Number:</b>	CM14-0189866		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 May 2, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; topical compounds; unspecified amounts of cognitive behavioral therapy; unspecified amounts of acupuncture; and extensive periods of time off of work. In a Utilization Review Report dated October 14, 2014, the claims administrator failed to approve a request for an epidural steroid injection at L5-S1. The claims administrator stated that its decision was based on an October 2, 2014 RFA form. The claims administrator stated that the applicant did not have compelling evidence of radiculopathy. It was not readily apparent whether the request in question was a first-time request or a renewal request. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated August 20, 2014, the applicant reported persistent complaints of low back pain radiating to the left lower extremity. Acupuncture had not been altogether successful. The applicant was on Flexeril, Sonata, Lidoderm, and Norco. Highly variable 4-10/10 pain was appreciated. The applicant was not working, it was acknowledged. The applicant had tingling about the left leg, it was further reported. 5/5 bilateral lower extremity strength was appreciated. The applicant reportedly had electrodiagnostic testing of the bilateral lower extremities of March 12, 2014 which was suggestive of a mild left L5 radiculitis. The medical-legal evaluator suggested that the applicant continue acupuncture. The medical-legal evaluator also alluded to a March 3, 2014 lumbar MRI suggesting impingement upon the left L5 nerve root. The medical-legal evaluator felt that the applicant's MRI and EMG testing were consistent. The applicant was given a 9% whole-person impairment rating. The applicant was declared permanent and stationary. The medical-legal evaluator suggested that the applicant pursue epidural steroid

injection therapy. It was suggested that the applicant had not had prior epidural steroid injections. In an August 14, 2014 progress note, the applicant reported persistent complaints of low back and lower extremity pain. The applicant was asked to pursue acupuncture and continue using a TENS unit. Norco, Flexeril, Sonata, and Mobic were renewed. A rather proscriptive 10-pound lifting limitation was endorsed, effectively resulting in the applicant's removal from the workplace. The remainder of the file was surveyed. There was no clear or compelling evidence that the applicant had had a prior epidural steroid injection, although it did not appear that the October 2, 2014 RFA form and/or associated progress note were incorporated into the Independent Medical Review packet.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar epidural steroid injection at bilateral L5-S1:** 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 topic 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 seemingly has both radiographic and electrodiagnostic corroboration of radiculopathy at the level in question, L5. The request in question, furthermore, seemingly represents a first-time epidural request. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks. Therefore, the lumbar epidural steroid injection-bilateral-L5-S1 is medically necessary.