

<b>Case Number:</b>	CM14-0190350		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	10/09/2012
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 neck, shoulder, low back, ankle, wrist, hip, and foot pain reportedly associated with an industrial injury of October 9, 2012. In a Utilization Review Report dated October 14, 2014, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator stated that it was basing its decision on non-MTUS ODG guidelines, in large part, despite the fact that the MTUS addressed the topic. The claims administrator stated that it did not believe that MRI findings were compelling. The applicant's attorney subsequently appealed. In an August 26, 2014 progress note, the applicant reported 4/10 neck and low back pain radiating to the bilateral upper and bilateral lower extremities, left greater than right, scored a 8/10. The applicant was using Prilosec, Relafen, Norflex, Neurontin, tramadol, and Ambien. The attending provider noted that a previously appealed L5-S1 epidural injection had been denied. The applicant exhibited hyposensorium about the L4-L5 distribution on exam, it was suggested. The applicant was given a diagnosis of cervical and lumbar radiculopathy. An L5-S1 lumbar epidural steroid injection was again sought. The applicant's work status was not clearly outlined. It was not clearly stated whether the applicant had had a prior lumbar epidural injection or not. In a May 23, 2014 progress note, the applicant reported multifocal complaints of pain about the limbs and shoulders. Electrodiagnostic of the upper extremities performed was reportedly negative for a carpal tunnel syndrome and/or radiculopathy. In an earlier progress note dated March 5, 2014, the applicant was described as status post right shoulder arthroscopy on January 10, 2014. The applicant had undergone electrodiagnostic testing of March 3, 2014, which was negative for any frank radiculopathy. The attending provider reviewed an MRI study and felt that it did demonstrate L4-L5 and L5-S1 disk bulges which he believed was a source of the applicant's ongoing complaints of lower extremity paresthesias. An epidural steroid injection

was suggested, which the applicant chose to defer at that point in time. A 10-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. On July 9, 2014, the applicant was placed off of work, on total temporary disability. The actual MRI report of August 21, 2013 was reviewed and was notable for an annular tear with associated 2- to 3-mm disk bulge at L5-S1 generating mild neuroforaminal narrowing, facet hypertrophy, and exiting left nerve root compromise.

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

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

#### **Lumbar epidural steroid injection L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

**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, there does appear to be radiographic corroboration of radiculopathy at the level in question, L5-S1. Disk bulging and associated nerve root compromise was appreciated at this level on MRI imaging of August 21, 2013. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, furthermore, support up to two epidural injections. Here, the request does seemingly represent a first-time request for epidural steroid injection therapy and, thus, could potentially play a diagnostic role. Therefore, the request is medically necessary.