MAXIMUS Federal Services

Case Number:	CM14-0190486		
Date Assigned:	11/21/2014	Date of Injury:	07/03/2013
Decision Date:	01/12/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	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 low back pain reportedly associated with an industrial injury of July 13, 2013. In a Utilization Review Report dated October 17, 2014, the claims administrator failed to approve a request for epidural steroid injection therapy at the L4-L5 and L5-S1 levels. The claims administrator stated that its decision was based on progress notes dated July 30, 2014 and September 24, 2014. The claims administrator seemingly suggested that the applicant had not failed conservative treatment, despite the fact that the applicant was over a year removed from the date of injury as of the date of the request and further stated that it had not been furnished with the actual text of an MRI report which the attending provider was reportedly using to base its diagnosis of radiculopathy upon. The applicant's attorney subsequently appealed.In an April 17, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left lower extremity. The applicant was not working, it was acknowledged. The applicant was on Prilosec, tramadol, and Naprosyn. The applicant had electrodiagnostic testing on December 10, 2013 which was notable for a left L5 radiculopathy. Hyposensorium was noted about the left leg on exam with trace weakness about the left EHL musculature. A TENS unit, tramadol, Naprosyn, and Prilosec were prescribed. A rather proscriptive 10-pound lifting limitation was endorsed, seemingly resulting in the applicant's removal from the workplace.On May 9, 2014, said 10-pound lifting limitation was again endorsed. The TENS unit was again sought.On May 28, 2014, the primary treating provider stated that he would seek authorization for epidural steroid injection therapy apparently endorsed by the applicant's pain management physician. The applicant was given a diagnosis of left-sided lumbar radiculopathy with hyposensorium appreciated about the L5-S1 distribution on exam.On July 30, 2014, the applicant's pain management physician noted that the applicant's pain complaints were as high as 8-9/10. It was

stated that the applicant had had treatment including manipulative therapy, physical therapy, and chiropractic treatment. The applicant had lumbar MRI imaging demonstrating herniated disks at L4-L5 and L5-S1, the pain management physician posited. The applicant's BMI was 28. The applicant exhibited hyposensorium about the left leg. Epidural steroid injection therapy at L4-L5 and L5-S1 was sought.In a medical-legal evaluation dated September 9, 2014, the medical-legal evaluator noted that the applicant was off of work, on total temporary disability. The medical-legal evaluator gave the applicant a diagnosis of active bilateral L5 radiculopathy on the strength of positive EMG testing of December 10, 2013 and stated that the applicant had had a 4-mm disk protrusion noted at L5-L1 on MRI imaging of September 6, 2013. The medical-legal evaluator also alluded to the applicant's having a 3-mm disk protrusion at L4-L5 impinging upon the left L5 nerve root. There was no mention of the applicant's has had previous epidural steroid injections. The medical-legal evaluator suggested that the applicant undergo epidural steroid injection therapy and, if unsuccessful, consider a microdiskectomy procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection left L4-L5, L5-S1, under anesthesia with fluoroscopy: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation ODG Chronic Pain Chapter, Epidural Steroid Injections

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. Here, the applicant does have longstanding radicular complaints, left-sided, which have proven recalcitrant to less invasive treatments, including time, medications, physical therapy, work restrictions, observation, etc. The applicant does have electrodiagnostic and/or radiographic corroboration of radiculopathy at the levels in question, both the treating provider and the applicant's medical-legal evaluator have posited as earlier MRI imaging of September 2013 and later electrodiagnostic testing of December 2013 did establish evidence of radiculopathy at the levels in question. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that injections should be performed using fluoroscopic guidance. While the MTUS does not specifically address the topic of sedation during ESI therapy, ODG's Chronic Pain Chapter Epidural Steroid Injections topic notes that there is insufficient evidence to make a firm recommendation as to the usage of sedation during ESIs. Thus, ODG does not take a position against usage of sedation. The request, thus, is essentially in-line with MTUS parameters. Therefore, the request is medically necessary.