

Case Number:	CM14-0195915		
Date Assigned:	12/03/2014	Date of Injury:	06/19/2014
Decision Date:	01/22/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/21/2014

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

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] who has filed a claim for low back pain reportedly associated with an industrial injury of June 19, 2014. In a Utilization Review Report dated November 13, 2014, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator cited progress notes of September 11, 2014 and October 24, 2014 in its denial. The claims administrator stated that he believes the applicant's lumbar MRI was most significant for left L4 nerve root effacement and the attending provider was seeking authorization for epidural steroid injection at another level, namely the L5 level. The applicant's attorney subsequently appealed. In an October 20, 2014 progress note, the applicant reported ongoing complaints of low back pain with radiating symptoms. The attending provider stated that he believed the applicant's radiating symptoms followed the L5 dermatome. 4/5 bilateral ankle dorsiflexion strength was appreciated with hyposensorium appreciated about the dorsal aspect of the feet. Positive straight leg raise was appreciated. The attending provider suggested an L5 epidural steroid injection. Ultracet was endorsed. The applicant was returned to work with a rather permissive 25-pound lifting limitation. The attending provider posited that the applicant's symptoms were the result of an L5 lumbar radiculopathy. The lumbar MRI report of July 9, 2014 was reviewed and did demonstrate degenerative changes. Severe canal stenosis was noted at L4-L5, mild canal stenosis at L3-L4, and multilevel neuroforaminal narrowing at L2-L3 through L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar transforaminal epidural injection at L5 level: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, page 309.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, epidural steroid injections are "optional" for radicular pain, to avoid surgery. In this case, the applicant does have ongoing complaints of low back pain radiating to the leg with associated dysesthesias/hypoesthesias appreciated on exam. The applicant's attending provider stated that he believes the applicant's lumbar spine pathology emanates from the L5-S1 level as opposed to the L4-L5 level which the radiologist described as demonstrating the most structural changes on MRI imaging, referenced above. Nevertheless, given the incomplete resolution of radicular symptomatology over a span of three to four months despite time, medications, authorization, physical therapy, work restrictions, etc., moving forward with an epidural steroid injection is a reasonable option here, as suggested by ACOEM. Therefore, the request is medically necessary.