

Case Number:	CM14-0196624		
Date Assigned:	12/04/2014	Date of Injury:	10/24/2001
Decision Date:	01/21/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	11/24/2014

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 October 24, 2001. In a utilization review report dated November 7, 2014, the claims administrator denied an epidural steroid injection at L1-L2 while approving one cognitive behavioral therapy consultation. The claims administrator stated that its decision was based on an October 30, 2014 progress note. The claims administrator stated that it did not believe that the applicant has radio-graphically corroborated radiculopathy at the level in question. The claims administrator did not identify whether or not the applicant had or had not had a prior epidural block. The applicant's attorney subsequently appealed. Lumbar MRI imaging of December 6, 2013, was notable for 4-mm and 3-mm disc bulges at L1-L2 and L5-S1. These bulges, at L1-L2, were generating a central spinal stenosis. The applicant was status post an L2-L5 dorsal fusion and also had grade 1 anterolisthesis at L5-S1, it was stated. In an October 20, 2014 progress note, the applicant reported 9/10 low back pain, exacerbated by standing, walking, bending, and all physical activities. Radiation of pain to the lower extremities was appreciated. The applicant reported that her pain was constant. The applicant's medication list included Desyrel, Motrin, Neurontin, Synthroid, Catapres, Cymbalta, chlorzoxazone, morphine, Percocet, and Ambien. The applicant's problem list included anxiety disorder, chronic neck pain, depression, back pain, and radiculitis. The applicant had undergone both back surgery and spine surgery. The applicant denied any issues with drug abuse. The applicant exhibited decreased range of motion and negative straight leg raising with positive facet loading. 5/5 lower extremity strength was appreciated. The applicant did exhibit a normal gait. The attending provider sought authorization for a Transforaminal epidural steroid injection at L1-L2. The attending provider stated that the applicant had a significant disc bulge at L1-L2 above the level of fusion. The

attending provider posited that an epidural steroid injection at the L1-L2 level might target the applicant's radicular pain complaints. MS Contin and Percocet were endorsed. In an earlier RFA form dated December 3, 2014, 6 sessions of acupuncture were sought. On July 9, 2014, the applicant reported 5/10 low back pain radiating to the left leg, constant. The applicant had a BMI of 26. The applicant specifically denied issues of diabetes. The applicant was on Neurontin, chlorzoxazone, Catapres, Percocet, Ambien, Levoxyl, and Motrin, it was noted. Percocet and MS Contin were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal injection bilaterally at L1/2: Overturned

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

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 radio-graphically and/or electrodiagnostically confirmed. In this case, recent lumbar MRI imaging, referenced above, does suggest the presence of a disc protrusion and/or central stenosis at the L1-L2 level in question. The applicant does have ongoing radicular pain complaints. The requesting provider has posited that the L1-L2 disc protrusion is the source of the applicant's pain complaints following earlier L2 to L5 lumbar fusion surgery. Moving forward with an epidural injection does appear to be indicated, given the seeming failure of other treatments such as time, medications, muscle relaxants, physical therapy, etc. The applicant does not appear to have had a prior epidural block at the level in question, L1-L2, it is incidentally noted. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural blocks. Therefore, the request is medically necessary.