

Case Number:	CM14-0198013		
Date Assigned:	12/08/2014	Date of Injury:	02/19/2014
Decision Date:	01/23/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/25/2014

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 February 19, 2014. In a Utilization Review Report dated November 20, 2014, the claims administrator failed to approve a request for lumbar epidural steroid injection at L4-L5. The claims administrator did allude to earlier lumbar MRI imaging of April 9, 2014 notable for a reportedly mild disk bulge at L4-L5 with an associated annular tear. Electrodiagnostic testing of October 31, 2014 was, per the claims administrator, either equivocal or non-diagnostic. The applicant was on Norco, Neurontin, and Motrin. The claims administrator alluded to a progress note dated November 11, 2014, in its denial. On that date, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant's attorney subsequently appealed. In a November 11, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the left leg. The attending provider stated that electrodiagnostic testing of October 31, 2014, was negative for any lumbar radiculopathy or peripheral neuropathy. 5/10 low back and left leg pain were nevertheless reported. Paresthesias about the left lower extremity were reported. The applicant was using Norco, Motrin, and Neurontin. The applicant stated that Neurontin had been somewhat helpful. The applicant had contended that her employer was not entirely honoring her restrictions. The applicant did state that she was working, despite the fact that her employer was not entirely honoring the letter of the limitations. The applicant's BMI was 25. The applicant exhibited 4 to 5/5 left lower extremity versus 5/5 right lower extremity strength. Hypo-sensorium was noted about the left leg. The attending provider felt that the applicant had an annular tear of the L4-L5 without overt compression or displacement of nerve roots. The attending provider posited that the applicant should continue current work restrictions. The attending provider suggested that an applicant undergo an L4-L5 epidural steroid injection. The attending provider suggested

employing Neurontin at a heightened dose. The attending provider stated that he wished to obtain a mid-line lumbar epidural steroid injection at L4-L5 for discogenic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Midline at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, as is present here, in this case, however, the attending provider stated that he wished to employ the proposed epidural steroid injection at L4-L5 for the purposes of the ameliorating the applicant's purportedly discogenic, central, axial L4-L5 low back pain. This is not an MTUS-endorsed role for lumbar epidural steroid injection therapy. Therefore, the request is not medically necessary.