

Case Number:	CM14-0198853		
Date Assigned:	12/09/2014	Date of Injury:	12/13/2013
Decision Date:	02/13/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/26/2014

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 December 30, 2013. In a utilization review report dated October 29, 2014, the claims administrator failed to approve a request for a lumbar epidural steroid injection at L4-L5. The claims administrator referenced progress notes and RFA forms dated October 6, 2014, August 26, 2014, and July 1, 2014 in its determination. The claims administrator contended that the applicant did not have radiographic corroboration of radiculopathy and further stated that the attending provider had failed to furnish the lumbar MRI results. The applicant's attorney subsequently appealed. In a September 3, 2014 chiropractic progress note, the applicant reported persistent complaints of neck, shoulder, and low back pain. The applicant's low back pain was radiating to the left lower extremity. Overall levels of pains were highly variable and ranged from 1/10 to 8/10. The applicant exhibited a normal gait with hyposensorium noted about the left leg. 5/5 lower extremity strength was noted. Additional chiropractic manipulative therapy, myofascial release therapy, traction, and electrical muscle stimulation was sought. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with limitations in place. In an October 6, 2014 progress note, the applicant reported persistent complaints of neck and low back pain. The applicant's low back pain was radiating to the left leg and ranged from 7/10 to 9/10. The applicant was using Tylenol with Codeine for pain relief. The applicant exhibited lower extremity strength scored at 5/5 about the bulk of the lower extremity musculature with the EHL muscles, however, scored at 4/5. The attending provider referenced a lumbar MRI of February 11, 2014 demonstrating an L4-L5 annular tear with neural foramen extension, left-sided. The applicant was given a diagnosis of intermittent left leg radiculopathy. A pain management consultation and epidural steroid injection at L4-L5 were endorsed, coupled with an epidural steroid injection at C5-C6. A rather

proscriptive 10-pound lifting limitation was also endorsed. It did not appear that the applicant was working with the said limitation in place. On July 1, 2014, the same, unchanged, 10-pound lifting limitation was endorsed. Once again, it did not appear that the applicant was working with said limitations in place. A 30-day trial of a TENS unit was endorsed on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection at L4-L5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7, page 27

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. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualified its position by noting that up to two diagnostic blocks are recommended. Here, the request in question does seemingly represent a request for first-time lumbar epidural steroid injection therapy. The applicant's low back pain has seemingly proven recalcitrant to less invasive modalities, including time, medications, physical therapy, manipulative therapy, a TENS unit, etc. Moving forward with a trial, first time, diagnostic (and potentially therapeutic) epidural injection is, thus, indicated here. Therefore, the request is medically necessary.