

Case Number:	CM14-0027924		
Date Assigned:	06/16/2014	Date of Injury:	02/01/2012
Decision Date:	03/17/2015	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 of February 1, 2012. In a Utilization Review Report dated February 20, 2014, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced office visits of January 20, 2014 and October 18, 2013 in the determination. The claims administrator stated that the request was nonspecific. The claims administrator stated that there was no clear or compelling evidence of radiculopathy. The claims administrator did not, however, state whether or the request was a first-time request or a renewal request. The applicant's attorney subsequently appealed. In a November 15, 2012 progress note, the applicant was returned to regular duty work. Motrin and a topical cream were endorsed owing to ongoing complaints of low back pain. In a progress note dated March 8, 2013, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck, low back, and shoulder pain. Lumbar MRI imaging of January 20, 2013 was notable for a 3-mm disk protrusion at L4-L5 and L5-S1 with some impingement upon the traversing nerve roots. Neuroforaminal narrowing and broad-based disk protrusions were noted at the L2-L3 and L3-L4 levels, with associated nerve root impingement. On September 16, 2013, the applicant reported multifocal complaints of low back pain, knee pain, and shoulder pain with derivative complaints of stress, anxiety, and depression. The applicant was placed off of work, on total temporary disability, while localized intense neurostimulation therapy (LINT) was endorsed. On October 18, 2013, the applicant was, once again, placed off of work, on total temporary disability. On November 18, 2013, the applicants

hand surgeon suggested that the applicant pursue a trigger finger release and an elbow epicondylar release surgery. In a Medical-legal Evaluation dated November 12, 2013, the medical-legal evaluator noted that the applicant had persistent complaints of shoulder pain, exacerbated by overhead reaching. The applicant also reported radiation of pain from the low back to the left leg. The medical-legal evaluator stated that the applicant would require probable epidural steroid injections and/or facet injections at the lumbar spine. On March 3, 2014, the applicant was, once again, placed off of work, on total temporary disability, for an additional two months. The remainder of the file was surveyed. There was no evidence that the applicant had undergone a prior epidural steroid block at any point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: Regarding the request for a lumbar epidural injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy at a particular dermatomal/myotomal distribution. Additionally, it is unclear at exactly which level the epidural injection is going to be performed. It appears that MRI supports the diagnosis of radiculopathy at multiple levels, but it is unclear from the subjective complaints and physical examination, which level the physician feels is causing the patient's symptoms. In the absence of clarity regarding those issues, the currently requested lumbar epidural steroid injection is not medically necessary.