

Case Number:	CM15-0001833		
Date Assigned:	01/12/2015	Date of Injury:	06/26/2013
Decision Date:	03/16/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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 injury of June 26, 2013. In a Utilization Review Report dated December 5, 2014, the claims administrator denied a request for an L4-L5 lumbar epidural steroid injection. The claims administrator noted that the applicant had had electrodiagnostic testing of September 9, 2014 demonstrating an S1 radiculopathy. The claims administrator did not state whether or not the request was a first-time request. The claims administrator referenced (but did not summarize) an RFA form and progress note of November 20, 2014 and October 20, 2014 in its determination. The applicant's attorney subsequently appealed. On October 20, 2014, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities, 7/10. The applicant was status post two cervical injections. The applicant reportedly had electrodiagnostically-confirmed S1 radiculopathy, it was noted, and electrodiagnostically-confirmed carpal tunnel syndrome and cubital tunnel syndrome. Hyposensorium was noted about the left leg. An L4-L5 epidural steroid injection was sought. The attending provider stated that the applicant had had lumbar MRI imaging at the L4-L5 level demonstrating two new disk bulges generating minimal-to-mild bilateral foraminal stenosis. The attending provider stated that other, less invasive means of treatment had been attempted without relief. On September 23, 2014, the attending provider reiterated his request for a lumbar epidural steroid injection at the L4-L5 level. The remainder of the file was surveyed. There was no evidence that the applicant had had a prior lumbar epidural steroid injection.

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 L4-5: Overturned

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

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

Decision rationale: Yes, the proposed lumbar epidural steroid injection at L4-L5 is medically necessary, medically appropriate, and indicated here. 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. Here, the applicant does have some [admittedly incomplete] radiographic and electrodiagnostic evidence of radiculopathy, including at the level in question. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks. Moving forward with the first-time epidural injection was/is, thus, indicated. Therefore, the request is medically necessary.