

<b>Case Number:</b>	CM15-0107900		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	02/23/2001
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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, New York, 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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 23, 2001. In a Utilization Review report dated May 11, 2015 the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced a RFA form of May 4, 2015 and an associated progress note of April 30, 2015 in its determination. The claims administrator did not clearly state whether the applicant had or had not had a prior epidural steroid injection, and also alleged that the applicant's radiculopathy was not radiographically corroborated. The applicant's attorney subsequently appealed. On a May 4, 2015 RFA form, a lumbar epidural steroid injection was sought. In an associated April 30, 2015 progress note, the applicant reported ongoing complaints of low back and bilateral leg pain. The applicant had undergone two knee arthroscopies and a total knee replacement procedure, it was reported. Paresthesias about the bilateral lower extremities were reported. The applicant was using a walker to move about. The attending provider alluded to lumbar MRI imaging of February 13, 2014 notable for multilevel disc bulging, anterolisthesis, disk degeneration at multiple levels, and moderate central canal stenosis, again at multiple levels. The applicant was on Duragesic, Flector, Synthroid, Tylenol, Levaquin, albuterol, and Symbicort, it was reported. It was not clear when the applicant's medication list had last been updated. The applicant did apparently exhibit SI joint tenderness, facetogenic tenderness, reduced lumbar range of motion, and muscle spasms on exam. The applicant also exhibited dyesthesias about the legs. The applicant was quite anxious, it was suggested. A trial epidural steroid injection at the L4-L5 level was proposed. The

applicant's work status was not detailed, although it did not appear the applicant was working. On March 24, 2015, the applicant reported ongoing complaints of low back radiating to the right leg. The applicant had herniated disk at L4-L5, it was reported. Earlier electrodiagnostic testing was non-diagnostic and suggestive of mixed sensory polyneuropathy, it was reported. The applicant was described as having ongoing complaints of low back pain radiating to the right leg. The applicant was using a walker to move about. The applicant was asked to consult a surgeon, as the attending provider believed that the applicant had a herniated disk at the L4-L5 level with associated right lower extremity weakness. The applicant was placed off of work, on total temporary disability. Lumbar MRI imaging of November 13, 2014 was notable for an asymmetric disk bulge at L4-L5 with associated bilateral neuroforaminal narrowing and severe central canal stenosis. On June 18, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant had apparently consulted a neurosurgeon, who suggested a trial of epidural steroid injection before considering spine surgery. The attending provider again stated that the applicant had a large herniated disk at L4-L5 with associated positive electrodiagnostic testing of November 8, 2014 suggestive of a L4-L5 radiculopathy. The applicant was again described as using a walker for support. The applicant did exhibit good strength on this occasion with hyposensorium about the feet. An epidural steroid injection was proposed while the applicant was placed off of work, on total temporary disability.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lumbar Epidural Steroid Injection: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Lumbar Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** Yes, the proposed lumbar epidural steroid injection was 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 for the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the applicant did seemingly have both radiographic and electrodiagnostic corroboration of radiculopathy at the level in question, L4-L5. The applicant's neurosurgeon had suggested that the applicant pursue a trial epidural steroid injection before considering lumbar spine surgery. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that the purpose epidural steroid injection therapy is, in fact, to avoid surgery. Moving forward with what appeared to be a first-time lumbar epidural steroid injection was, thus, indicated. Therefore, the request was medically necessary.