

Case Number:	CM15-0140469		
Date Assigned:	07/30/2015	Date of Injury:	02/05/2014
Decision Date:	09/01/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/20/2015

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 36-year-old who has filed a claim for chronic low back (LBP) pain reportedly associated with an industrial injury of February 7, 2014. In a Utilization Review report dated July 10, 2015, the claims administrator failed to approve a request for an epidural steroid injection at L4-L5. The claims administrator referenced office visits of June 4, 2015 and July 2, 2015 in its determination. The claims administrator did not state whether the applicant had or had not had previous epidural injection but suggested that the applicant did not have definitive evidence of radiculopathy. The applicant's attorney subsequently appealed. On said July 2, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating into the bilateral legs. Ancillary complaints of mid back pain were noted. The attending provider stated that the applicant had not had previous epidural steroid injections, pain complaints as high as 8/10 was reported. The applicant had received acupuncture, manipulative therapy, physical therapy, it was reported. In another section of the note, it was stated that the applicant's pain complaints were scored at 7/10. The applicant's medications included Flexeril, Motrin, and Robaxin, it was reported. Neurontin was prescribed. The applicant was asked to continue current medications. The applicant exhibited 5/5 motor function on neurologic exam with a normal gait. Positive left-sided straight leg raising was appreciated, however. One of the stated diagnoses did include lumbar radiculitis. The attending provider stated that the applicant's clinical presentation was suggestive of lumbar radiculitis despite the paucity of findings on MRI imaging. The attending provider, thus, suggested that the applicant undergo a trial of epidural injection. On April 15, 2015, the claimant was described as having persistent complaints of low

back pain radiating into the bilateral lower extremities. It was stated that the applicant had not had previous epidural injections as request for the same had consistently been denied. The attending provider stated that the applicant had L4-L5 and L5-S1 disk disease present. The attending provider referenced earlier lumbar MRI imaging of May 7, 2014 notable for minimal disk bulging at L4-L5 and L5-S1 without canal or foraminal stenosis or nerve root impingement. Electrodiagnostic testing of the bilateral lower extremities of December 8, 2014 was interpreted as normal. On an earlier note dated July 25, 2014, the attending provider stated that the applicant was off of work. The attending provider again summarized the previously performed lumbar MRI of May 7, 2014 demonstrating minimal disk bulging without canal or foraminal stenosis or nerve root impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Lumbar Transforaminal Epidural Steroid Injection (TFESI), L4-L5: Overturned

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

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

Decision rationale: The request for a 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, as was/is present here. The applicant continued to report complaints of low back pain radiating into the lower extremities, it was noted on multiple office visits, referenced above, including on the July 2, 2015 office visit at issue. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that there should be radiographic and/or electrodiagnostic corroboration of radiculopathy, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does qualify its position by noting that up to two diagnostic blocks may be employed. Here, the attending provider's July 2, 2015 progress note seemingly suggested that the epidural block in question was intended, in part, to play a diagnostic role, noting the paucity of findings on MRI imaging and also noting the negative electrodiagnostic testing. Moving forward with the first-time epidural injection request at issue, thus, was indicated. Therefore, the request is medically necessary.