

Case Number:	CM15-0147553		
Date Assigned:	08/10/2015	Date of Injury:	11/14/2014
Decision Date:	09/14/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/29/2015

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 a 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 14, 2014. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced an RFA form received on June 25, 2015 in its determination, along with progress note of March 18, 2015. The applicant's attorney subsequently appealed. On March 18, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral groins and right distal leg. Lower extremities strength ranging from 4+ to 5/5 was appreciated. The applicant had evidence of a moderately large L1 and L2 foraminal disk protrusion, it was reported. The attending provider suggested pursuit of a right L1-L2 epidural steroid injection to ameliorate the radiculopathy imputed to the right L1-L2 large foraminal disk protrusion. The applicant's primary treating physician also reported on March 20, 2015 that the applicant had ongoing complaints of low back pain radiating to the right thigh. The primary treating provider noted that the applicant had a large disk protrusion and severe right-sided neuroforaminal narrowing at the L1-L2 level. The applicant's primary treating provider posited that the applicant would likely benefit from the epidural steroid injection at issue. The remainder of the file was surveyed. There was no evidence that the applicant had in fact had a prior 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: 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 (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 in the treatment of radicular pain, peripherally that which is radiographically and electro-diagnostically confirmed. Here, the applicant was described as having a large disk herniation at the L1-L2 level, which both the applicant's primary treating provider (PTP) and pain management physician posited was a source of the applicant's ongoing radicular pain complaints. Moving forward with the first-time epidural steroid injection at issue was, thus, indicated to ameliorate the applicant's radiographically-confirmed radiculopathy. Therefore, the request is medically necessary.