

Case Number:	CM15-0180077		
Date Assigned:	09/21/2015	Date of Injury:	06/22/2011
Decision Date:	11/02/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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 32-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 22, 2011. In a Utilization Review report dated September 4, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced an August 19, 2015 office visit in its determination. The claims administrator contended that the applicant did not have electrodiagnostic or radiographic corroboration of radiculopathy. It was not stated whether the applicant had or not had a prior epidural steroid injection. On March 17, 2015, the attending provider reviewed lumbar MRI imaging notable for disk bulge at L4-L5 with what the attending provider interpreted as right L5 nerve root impingement. The attending provider then stated the applicant had a larger disk bulge noted on previous MRI imaging several years prior. The attending provider noted that the applicant had an electrodiagnostic testing on February 24, 2015 suggestive of a right L5 nerve root impingement. Epidural steroid injection therapy was seemingly recommended on that date on the strength of the same. On May 18, 2015, the applicant was placed off of work, on total temporary disability. On August 24, 2015, an epidural steroid injection was sought. The applicant was given a rather proscriptive 10-pound lifting limitation; it was acknowledged that the applicant was not working with said limitation in place. The applicant reported 7/10 pain complaints and was apparently using Norco and Neurontin for pain relief. There was no mention of whether applicant had or not had a prior epidural steroid injection on this date. In handwritten note dated July 27, 2015, the attending provider contended

that the applicant had not received a lumbar epidural steroid injection. The remainder of the file was surveyed. There were no documented epidural steroid injections seemingly on file.

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 Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

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, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the applicant was described as having electrodiagnostically confirmed lumbar radiculopathy as electrodiagnostic testing of February 24, 2015 was suggestive of right L5 nerve root impingement type process. Page 46 of the MTUS Chronic Pain Guidelines also supports the two diagnostic blocks. Here, the attending provider reported on July 27, 2015 that the applicant had not had any prior epidural steroid injections. Moving forward with what was framed as a first-line lumbar epidural steroid injection was, thus, indicated. Therefore, the request was medically necessary.