

Case Number:	CM15-0182898		
Date Assigned:	09/23/2015	Date of Injury:	08/30/2014
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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 42-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 30, 2014. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. An August 30, 2015 RFA form and an associated July 29, 2015 office visit were referenced in the determination. There was no mention whether the applicant had or had not had a prior epidural injection. The claims administrator contended that the attending provider had failed to document the failure of conservative therapy, despite the fact that the applicant was approximately a year removed from the date of injury as of the date of the request. On said July 29, 2015 office visit, the applicant reported ongoing complaints of neck and back pain. The attending provider contended that the bulk of the applicant's treatment had comprised the treatment of his neck pain complaints. The claimant had had 18 sessions of physical therapy, it was reported. Ongoing complaints of radiating into the right foot and right great toe were reported. The applicant was on Norco, tramadol, and Motrin. 7/10 back and leg complaints were reported. The applicant exhibited 4-5/5 right lower extremity versus 5/5 left lower extremity strength throughout with positive right-sided straight leg raising. The attending provider stated that lumbar MRI imaging of May 14, 2015 was notable for a notable disk protrusion at L4-L5 with associated neuroforaminal narrowing and likely compression of the traversing L5 nerve root. An L5-S1 small disk bulge was also present. The attending provider contended that these protrusions were causing a right L5 radiculopathy. The attending provider endorsed a request for an epidural steroid injection apparently initiated by another provider. The

applicant was given a refill for ibuprofen and kept off of work. On July 17, 2015, the applicant's pain management physician suggested that the applicant pursue an L5 epidural steroid injection, again noting worsening low back and right leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 right lumbar epidural injection at the L5-S1 levels: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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 request for a right 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 [incomplete] corroboration of radiculopathy at the level in question. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also supports up to 2 diagnostic blocks. Here, the request was framed as a first-time request for a lumbar epidural steroid injection. Moving forward with the same was indicated, particularly given the failure of conservative treatment to include time, medications, 18 sessions of physical therapy, etc. Therefore, the request was medically necessary.