

<b>Case Number:</b>	CM15-0201303		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 53-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 October 2, 2015, the claims administrator failed to approve a request for lumbar epidural steroid injection at L4-L5 under fluoroscopic guidance. The claims administrator referenced an August 10, 2015 office visit in its determination. The claims administrator did not state whether the applicant had or not had a prior epidural injection or not. The applicant's attorney subsequently appealed. Lumbar MRI imaging dated March 15, 2015 was notable for an L4-L5 central annular fissure and disc protrusion without significant nerve root impingement. On May 22, 2015, Motrin and tramadol were renewed. The applicant was described as having retired at this point, the treating provider reported. On August 10, 2015, the applicant reported ongoing complains of low back pain radiating to the left leg, left foot, left thigh, 7/10. The applicant was no longer working, the treating provider acknowledged. Positive straight leg raising was appreciated. An L4-L5 lumbar epidural steroid injection was sought. X-rays, tramadol, and epidural steroid injection, and a rather proscriptive 15-pound lifting limitation was endorsed. The remainder of the file was reviewed. There was no mention of the applicants having had a prior lumbar epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI with fluoroscopic guidance at L4-L5: Overturned**

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

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

**Decision rationale:** Yes, the request for 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/or electrodiagnostically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, however, support up to two diagnostic blocks. Here, the request was framed as a first-time request for lumbar epidural steroid injection therapy. While it is acknowledged that radiographic findings at the level in question at L4-L5 were relatively minimal, the attending provider seemingly suggested that the applicant had failed extensive conservative treatment to include time, medications, physical therapy, several months off of work, etc. Moving forward with what was framed as a first-time request for a lumbar epidural steroid injection was, thus, indicated. Therefore, the request was medically necessary.