

Case Number:	CM15-0201807		
Date Assigned:	10/16/2015	Date of Injury:	05/27/2015
Decision Date:	12/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	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 48-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of May 27, 2015. In a Utilization Review report dated September 10, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. A September 1, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On October 12, 2015, the attending provider acknowledged that the applicant was not working owing to ongoing low back pain radiating to left lower extremity. The applicant had issues with diabetes and was not working, the treating provider in several sections of the note. The applicant exhibited equivocal straight leg raising on the left, it was reported. Lumbar MRI imaging dated August 26, 2015 was reviewed and was notable for a 4-mm broad-based disk bulge at L4-L5 with associated L5 nerve root impingement with mild-to-moderate degenerative changes at multiple other levels. On September 1, 2015, the applicant reported ongoing issues with low back pain radiating to the leg. The applicant had not returned to work. The attending provider suggested that the applicant pursue a multilevel epidural steroid injection at the L3-S1 levels. Norco and a cane were also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection lumbar spine L3-S1: Upheld

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: No, the request for an L3-S1 lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, this recommendation is, however, qualified by commentary made on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that no more than 2 nerve roots should be injected using transforaminal blocks. Here, thus, the request for a 3-level injection at L3-L4, L4-L5, and L5-S1 was at odds with page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, which also notes that radiculopathy should be corroborated by imaging studies and/or electrodiagnostic testing. Here, lumbar MRI imaging dated August 27, 2015 was seemingly notable for changes at the L4-L5 level. It was not clearly stated why other levels to include L3-L4 and L5-S1 were also being targeted. Therefore, the request was not medically necessary.