

Case Number:	CM15-0025724		
Date Assigned:	02/18/2015	Date of Injury:	05/15/2014
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/10/2015

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, Ohio, 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 45-year-old [REDACTED] employee who has filed a claim for chronic low back pain and myalgias and myositis of various body parts, reportedly associated with an industrial injury of May 15, 2014. In a Utilization Review Report dated January 27, 2015, the claims administrator failed to approve a request for lumbar epidural steroid injection. The claims administrator referenced an RFA form of December 26, 2014, and a progress note of December 15, 2014, in its determination, along with RFA forms and progress notes of January 19, 2015, and January 12, 2015. The claims administrator contented that the applicant did not have clear radiographic evidence of radiculopathy. The claims administrator did not state whether the applicant had or had not had previous epidural steroid injection therapy. The applicant's attorney subsequently appealed. On November 21, 2014, the applicant reported persistent complaints of neck and back pain, 7 to 8/10. The applicant reported radiation of pain to the bilateral legs. Ancillary complaints of headaches were noted. The applicant was diabetic, it was further noted. Rather proscriptive 15-pound lifting limitation, Flexeril, Protonix, and new lumbar MRI imaging were endorsed. A lumbar MRI imaging of December 10, 2014 was notable for 3 mm disk bulge at the L2 to L3 level with mild spinal canal stenosis at the same. On July 22, 2014, the attending provider acknowledged that the applicant was working with restrictions in place. The remainder of the file was surveyed. It did not appear that the applicant had had a previous epidural steroid injection. The epidural steroid injection was endorsed via a handwritten progress note of January 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Steroid Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lumbar Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: 1. 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 does have ongoing low back radiating to the bilateral lower extremities. The applicant does have only incomplete evidence of radiculopathy with lumbar MRI imaging demonstrating relatively low-grade disk bulge and low-grade spinal stenosis at the L2-L3 level. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines supports up to two diagnostic epidural blocks. Here, the request in question represents a first time request for epidural steroid injection therapy. Moving forward with a trial block could have had both diagnostic and therapeutic benefits. Therefore, the request was medically necessary.