

Case Number:	CM15-0036779		
Date Assigned:	03/05/2015	Date of Injury:	01/31/2007
Decision Date:	04/15/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/26/2015

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 43-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with industrial injury of January 31, 2007. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve a lumbar epidural steroid injection. The claims administrator referenced a January 8, 2014 progress note and February 7, 2014 RFA form in its determination. The claims administrator stated that the applicant did not have radiographically or electrodiagnostically confirmed radiculopathy. The claims administrator then stated, somewhat incongruously, there was no evidence that conservative treatment had failed, despite the fact that the applicant was some seven years removed from the date of injury as of the date of the request. It was not stated whether the request was a first-time request or a renewal request. The applicant was described as having had a history of previous lumbar spine surgery, it was acknowledged. The applicant's attorney subsequently appealed. On January 8, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral thighs. Intermittent, episodic neck pain radiating to arms was also evident. The applicant's lower extremity strength ranged from 3 to 4+ to 5/5 with positive right-sided straight leg raising appreciated. Physical therapy, electrodiagnostic testing of the upper extremities, and lumbar epidural steroid injection were endorsed while the applicant was returned to regular duty work. Flexeril and Prilosec were endorsed. It was not stated whether the applicant had or had not had a prior epidural steroid injection. In a Medical-legal Evaluation of November 30, 2010, the medical-legal evaluator acknowledged that the applicant was working as of that point in time. The applicant's low back pain and right leg pain were the primary pain

generators, it was acknowledged. The applicant was given a 12% whole-person impairment rating. The medical-legal evaluator alluded to lumbar CT imaging of December 9, 2008 notable for an L4-L5 disk bulge, with possible foraminal impingement, and an L5-S1 fusion. The applicant was given a 24% whole-person impairment rating. There was no explicit mention of the applicant having had previous epidural steroid injection therapy. In a progress note dated August 21, 2014, the applicant's primary treating provider noted that the applicant had ongoing complaints of low back radiating to right leg and reportedly had an equivocal-to-positive CT scan of lumbar spine dated May 6, 2014, which did demonstrate evidence of disk bulge at the L4-L5 level. The applicant was, once again, returned to regular duty work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (LESI) at bilateral L5-S1: Overturned

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

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

Decision rationale: 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 electrodiagnostically confirmed. Here, the applicant does have some evidence of radiculopathy status post earlier single-level fusion surgery at the level in question, L5-S1. Ongoing complaints of low back radiating to right leg were evident throughout late 2014 and early 2015. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, supports up to two diagnostic epidural blocks. Here, there is no concrete evidence on file to support the proposition that the applicant has had epidural steroid injection therapy following earlier lumbar spine surgery. Moving forward with an epidural steroid injection, thus, was indicated, whether employed for diagnostic or therapeutic effect. Therefore, the request was medically necessary.