

Case Number:	CM14-0101769		
Date Assigned:	07/30/2014	Date of Injury:	08/10/2011
Decision Date:	10/27/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 10, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of acupuncture over the course of the claim; topical compounded medications; and extensive periods of time off of work. In a Utilization Review Report dated June 11, 2014, the claims administrator denied a request for an L4-L5 lumbar epidural steroid injection. The applicant's attorney subsequently appealed. In a January 20, 2014 progress note, the applicant was asked to continue acupuncture. Persistent complaints of low back and knee pain were noted. The applicant was using a cane to move about. The applicant was given several topical compounded medications and asked to remain off of work, on total temporary disability. On June 11, 2014, the applicant again reported persistent complaints of low back and knee pain status post a total knee arthroplasty. Authorization for viscosupplementation injections was sought. The applicant's work status was not provided. In July 10, 2014 progress note the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremity. The applicant was using a cane to move about. Topical compounds were again sought, along with urine drug testing. The applicant was again placed off of work, on total temporary disability. On May 22, 2014, the applicant reported persistent complaints of low back pain, 60% of which were axial versus 40% radicular. The applicant was having difficulty negotiating stairs. The applicant was status post a right arthroscopy and a right total knee replacement, it was noted. The applicant's medications list included tramadol, Fexmid, and Prilosec. Epidural steroid injection therapy at L4-L5 was sought. The applicant did exhibit 5-/5 right lower extremity strength with positive straight leg raise about the right and some

hyposensorium noted about the right leg. The attending provider stated that the applicant had radiographic corroboration of radicular findings at the L5-S1 but that the L4-L5 level was being targeted for diagnostic purposes. The applicant was off of work, it was noted. The remainder of the file was surveyed. There was no concrete evidence that the applicant had in fact had prior epidural steroid injection therapy involving the lumbar spine at the level in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI (lumbar epidural steroid injection), L4-5 right: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. 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/or electrodiagnostically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural injections, however. In this case, the request in question does seemingly represent a first-time request for lumbar epidural steroid injection therapy at the L4-L5 level. The attending provider has posited that bulk of the applicant's earlier treatment has revolved around the injured knee, with comparatively little or no attention paid to the low back pain and/or associated right lower extremity radicular complaints. A trial diagnostic block is therefore indicated. Accordingly, the request is medically necessary.