

<b>Case Number:</b>	CM14-0163355		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	05/23/2012
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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, headaches, and hip pain reportedly associated with an industrial injury of May 23, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; earlier carpal tunnel release surgery; and extensive periods of time off of work. In a Utilization Review Report dated September 5, 2014, the claims administrator denied a request for epidural steroid injection therapy. The applicant did have evidence of electrodiagnostically-confirmed left L5 radiculopathy noted on electrodiagnostic testing of March 27, 2013, it was acknowledged. It was stated that the request was being denied owing to administrative reasons, including lack of supporting information. The applicant's attorney subsequently appealed. In an August 27, 2014 progress note, the applicant reported persistent complaints of low back and hip pain. There was no explicit mention of radicular complaints radiating to the leg, although it was acknowledged that the applicant did have positive straight leg raising and hyposensorium, presumably about the legs. Epidural steroid injection therapy and facet blocks were sought while the applicant was placed off of work. It was not clearly stated whether or not the applicant had had prior epidural injections or not. In an earlier progress note dated June 25, 2014, the applicant reported persistent complaints of headaches, neck pain, hand pain, and elbow pain. The applicant was given diagnoses of neck pain status post cervical fusion, residual carpal tunnel syndrome status post carpal tunnel release surgeries, headaches, and elbow tendinitis. The applicant was given work restrictions on this occasion, although it was not evident whether the applicant was working or not.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection, left L4-L5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** 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, preferably that which is radiographically and/or electrodiagnostically confirmed, in this case, however, there was no mention of any active lumbar radicular complaints evident on and around the date of the request, August 27, 2014. It was not, furthermore, clearly stated whether or not the applicant had or had not had prior epidural steroid injections and, if so, what the response to the same was. The overall documentation and/or rationale for the proposed epidural injection was not elaborated or expounded upon. Therefore, the request is not medically necessary.