

Case Number:	CM14-0164993		
Date Assigned:	10/10/2014	Date of Injury:	09/15/2010
Decision Date:	11/13/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/07/2014

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 September 15, 2010. 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 spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 10, 2014, the claims administrator denied a request for a lumbar epidural injection. The applicant's attorney subsequently appealed. In a July 28, 2014 progress note, the applicant reported persistent complaints of neck and low back pain. The applicant was working modified duty. The applicant was using Soma, Oxycodone, and Ketoprofen cream, it was acknowledged. It was suggested that the applicant was using the Oxycodone quite sparingly. The applicant did exhibit positive straight leg raising about the right leg. An L3 through L5 lumbar epidural steroid injection was sought, along with epidural steroid injection therapy of the bilateral upper extremities. It was stated that the applicant was reporting low back pain radiating to the leg. The remainder of the file was surveyed. There was no mention of the applicant having had prior lumbar epidural steroid injection therapy over the course of the claim. It appeared that the bulk of the applicant's treatment had revolved around treatment of the cervical spine issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Selective Nerve Root Epidural to Lumbar Spine, Right L4, L5 and S1 with Fluoroscopy and Sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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/selective nerve root blocks are recommended as an option in the treatment of radicular pain. In this case, the applicant does have ongoing lumbar radicular complaints with persistent complaints of low back pain radiating to the right leg. The applicant's low back pain complaints have in fact proven recalcitrant to time, medication, physical therapy, and other conservative measures. The applicant apparently has some radiographic corroboration of radiculopathy with neuroforaminal stenosis at the levels in question. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, does support up to two diagnostic blocks. The request in question does seemingly represent first-time lumbar epidural injections or selective nerve root block. Therefore, the request is medically necessary.