

Case Number:	CM14-0179262		
Date Assigned:	11/03/2014	Date of Injury:	12/12/2000
Decision Date:	12/09/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/28/2014

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 December 12, 2000. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; a cane; earlier spine surgery; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated September 30, 2014, the claims administrator denied a request for an L3-L4 epidural steroid injection. The claims administrator based its denial on Non-MTUS Official Disability Guidelines and stated that there was no compelling evidence of radiculopathy and further stated that there was no evidence of unresponsiveness to recent conservative care. The claims administrator did not state whether the epidural in question was a repeat request or a first-time request. The claims administrator stated that it was basing its denial on a September 22, 2014 Request for Authorization form and associated progress note. The applicant's attorney subsequently appealed. A CT myelogram of the lumbar spine of February 18, 2009 was notable for postoperative changes, mild-to-moderate central spinal stenosis at L3 and L4, and possible impingement on the exiting L4 and L5 nerve roots bilaterally. In a progress note dated July 7, 2014, the applicant was described as having persistent complaints of low back pain with weakness and numbness about the legs. The applicant was using a cane to move about. Right lower extremity plantar flexion weakness was appreciated with 5/5 strength noted about the remainder of the lower extremities. Lumbar MRI imaging was endorsed. Lumbar MRI imaging of August 15, 2014 was notable for adjacent segment disease at L3-L4 with moderate central stenosis appreciated at that level status post earlier decompressive laminectomy with interbody fusion from L4-S1 without radiographic complication. On December 18, 2014, the attending provider reported that the applicant had increasing leg pain with ambulation.

Hyposensorium was apparently appreciated about the left lower extremity in the L4 distribution. Lumbar epidural steroid injection therapy was sought. Permanent work restrictions were renewed. The remainder of the file was surveyed. There was no mention of the applicant's having prior epidural steroid injection therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at L3-4 #1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

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 is which is radiographically and/or electrically confirmed. Here, the applicant does have radiographic changes at the level in question, L3-L4, suggestive of either radicular process and/or spinal stenosis at the same. The applicant does not appear to have had any previous interventions involving this level as previous surgery appears to have targeted the L4 through S1 levels. Epidural steroid injection therapy is therefore indicated at the level in question, particularly since page 46 of the MTUS Chronic Pain Medical Treatment Guidelines supports up to two diagnostic blocks. Therefore, the request is medically necessary.