

Case Number:	CM14-0159616		
Date Assigned:	10/03/2014	Date of Injury:	01/09/2013
Decision Date:	02/28/2015	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/29/2014

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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 9, 2013. In a Utilization Review Report dated September 2, 2014, the claims administrator denied a request for a lumbar epidural steroid injection. The claims administrator referenced a July 19, 2014 progress note in its determination. The claims administrator suggested that the attending provider had submitted an incorrect CPT code for the epidural steroid injection and went on to deny the same. It was not clearly established whether the applicant had or had not had prior epidural steroid injection therapy. The applicant's attorney subsequently appealed. In a May 26, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the right lower extremity. The applicant was off of work and had not worked since January 2013, it was acknowledged. The applicant exhibited well preserved lower extremity motor function with some hyposensorium noted about the L5-S1 nerve root distribution. Acupuncture, manipulative therapy, physical therapy, a TENS unit trial, lumbar MRI imaging, and autonomic function testing were endorsed, along with Terocin patches, topical compounds, vitamin B12 injections, and genetic testing. The applicant's work status was not furnished. On August 6, 2014, the attending provider noted that the applicant had persistent complaints of low back pain radiating to the right lower extremity. The attending provider suggested that the applicant pursue a right-sided L5-S1 epidural steroid injection. Once again, the applicant's work status was not provided. The applicant did have a positive straight leg raise, it was incidentally noted. Lumbar MRI imaging of June 9, 2014 was notable for broad-based disk herniation at L5-S1 with right-sided

preponderance and associated bilateral neuroforaminal narrowing. The applicant was placed off of work, on total temporary disability, via January 13, 2014, progress note. On that date, the applicant's then-treating provider suggested that applicant consult a neurosurgeon to address the large disk herniation. The remainder of the file was surveyed. There was no clear or concrete evidence that the applicant had had prior epidural steroid injection. No epidural steroid injections or progress notes were incorporated into the independent medical review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection, right L5-S1: 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 are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the applicant does have radiographic corroboration of radiculopathy at the L5-S1 level. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, does support pursuit of diagnostic blocks. Here, the applicant does not appear to have had a prior epidural steroid injection. Moving forward with an epidural steroid injection, thus, is indicated here in the face of the applicant's clinically evident, radiographically confirmed lumbar radiculopathy, particularly in light of the fact that this appeared to be a first time request. Therefore, the request is medically necessary.