

Case Number:	CM14-0216673		
Date Assigned:	01/06/2015	Date of Injury:	08/29/2013
Decision Date:	03/03/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/26/2014

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 mid and low back pain reportedly associated with an industrial injury of August 29, 2013. In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve a request for lumbar epidural steroid injection. The claims administrator referenced an October 20, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a November 13, 2014 progress note, the applicant reported persistent complaints of low back pain, reportedly unchanged. Previously denied epidural steroid injection therapy was appealed. A rather proscriptive 10-pound lifting limitation was endorsed. The attending provider did not clearly state whether the applicant was or was not working. On November 20, 2014, the applicant reported persistent complaints of low back pain radiating to the left leg. Palpable tender points were noted about the spine. The attending provider stated that the MRI imaging of the lumbar spine of February 24, 2014, demonstrated an L5-S1 4 mm posterior osteophyte disk complex, which reportedly contained within the ventral epidural fat. An epidural steroid injection was endorsed, as were tramadol, Naprosyn, Protonix, and a 10-pound lifting limitation. Once again, it was not clearly stated whether the applicant was or was not working. On September 13, 2014, the applicant's new primary treating provider (PTP) stated that the applicant had had physical therapy, acupuncture, and manipulative therapy. There was no mention of the applicant's having had previous epidural steroid injection therapy. Work restrictions were endorsed. The remainder of the file was surveyed. There was no clear or concrete evidence that the applicant had had a prior epidural steroid injection therapy. Neither

the applicant's current primary treating provider (PTP) nor the applicant's former treating provider clearly established that the applicant had had a prior epidural steroid injection.

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 L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Yes, the proposed lumbar epidural steroid injection at L5-S1 is medically necessary, medically appropriate, and indicated here. 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 some radiographic corroboration of radiculopathy, with evidence of thecal sac impingement at the L5-S1 level at issue. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, furthermore, support up to two diagnostic epidural blocks. Here, the request in question does represent a first time request for epidural steroid injection therapy. The applicant has apparently failed conservative treatments, including time, medications, physical therapy, manipulative therapy, etc. Moving forward with the trial epidural steroid injection thus is indicated. Therefore, the request is medically necessary.