

Case Number:	CM15-0018498		
Date Assigned:	02/06/2015	Date of Injury:	07/04/2011
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/30/2015

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 July 4, 2011. In a Utilization Review Report dated January 7, 2015, the claims administrator failed to approve a request for lumbar epidural steroid injection therapy. The claims administrator references December 26, 2014 progress note in its determination. The claims administrator stated that the applicant did not have clear or compelling evidence of radiculopathy at the level in question. The claims administrator did not clearly state whether the request was a first-time request for epidural steroid injection therapy or a renewal request. The applicant's attorney subsequently appealed. In a September 23, 2014 progress note, the applicant's reported persistent complaints of low back pain. The applicant had apparently received recommendations to pursue an epidural steroid injection and an SI joint injection. Decreased lumbar range of motion was noted. The applicant was placed off of work, on total temporary disability. The applicant had not worked since August 2011, it was acknowledged. On December 12, 2014, the applicant reported persistent complaints of low back pain, 9/10 with some radiation of pain to the right leg. The applicant exhibited sacroiliac joint tenderness. Positive provocative testing at the SI joint was appreciated. Both an SI joint injection and an epidural steroid injection were endorsed, along with topical compounds, and 12 sessions of physical therapy. The applicant's work status was not clearly stated on this occasion. In an earlier note dated May 29, 2014, the applicant's pain management physician referenced an earlier lumbar MRI of December 19, 2013, demonstrating mild bilateral neuroforaminal narrowing at L4-L5 and a 3 mm disc protrusion and annular tear of

the L5-S1 level. The applicant did exhibit positive right-sided straight leg raising on this date. Some radiation of low back pain was reported on this date. In the official radiology report of December 19, 2014, the radiologist seemingly interpreted the disc protrusion and annular tears as mild abnormalities and noted that the overall impression was that of an unremarkable lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urgent Bilateral Transforaminal LESI at L4-5 and L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

Decision rationale: No, the proposed lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. 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, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its recommendation by noting that radiculopathy should be electrodiagnostically and/or radiographically confirmed. Here, however, there was/is no clear or compelling evidence of radiculopathy at the levels in question. The applicant's lumbar MRI imaging was essentially unremarkable. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support continued diagnostic blocks, here, the attending provider did not explicitly state that the request represented a diagnostic block. Therefore, the request was not medically necessary.