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| <b>Case Number:</b>   | CM15-0110469 |                              |            |
| <b>Date Assigned:</b> | 06/17/2015   | <b>Date of Injury:</b>       | 07/02/2013 |
| <b>Decision Date:</b> | 07/30/2015   | <b>UR Denial Date:</b>       | 05/11/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2015 |

### 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, New York, 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 28-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 2, 2013. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced an April 17, 2015 progress note and an associated May 7, 2015 RFA form in its determination. The claims administrator contended that the applicant had not failed conservative care, despite the fact that the applicant was over a year and a half removed from the date of injury as of the date in question. The claims administrator did not state whether the applicant had or had not received a prior epidural steroid injection or not. The applicant's attorney subsequently appealed. On April 17, 2015, the applicant reported ongoing complaints of low back pain, reportedly severe, 7-8/10. The applicant was on Norco, Prilosec, and Naprosyn, it was acknowledged. The attending provider stated that the applicant remained symptomatic, despite conservative management. CT diskography of the lumbar spine of October 21, 2014 was notable for mild multilevel diffuse bulging of uncertain clinical significance, while MRI imaging of the lumbar spine of July 19, 2013 was notable for a 2-mm disk bulge at L4-L5 and L5-S1, again of uncertain clinical significance. 4+ to 5/5 lower extremity strength with hyposensorium about the right leg was appreciated. The applicant was given an operative diagnosis of lumbar radiculopathy. A diagnostic epidural steroid injection at the L4-L5 and L5-S1 levels was proposed while Norco, Naprosyn, and Prilosec were renewed. An initial pain management consultation dated January 2, 2015 suggested that the applicant was off of work at this point. The applicant's treatment to date had comprised, in large part, of

chiropractic manipulative therapy. The remainder of the file was surveyed. There was no evidence that the applicant had received a previous 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 right L4-5 and L5-S1: Overturned**

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

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

**Decision rationale:** Yes, the request for a lumbar epidural steroid injection at L4-L5 and L5-S1 was 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. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, however, support up to two diagnostic blocks. Here, the request was framed as a first-time request for a lumbar epidural steroid injection. The attending provider posited that the injection could play a diagnostic role, as earlier lumbar MRI imaging was nondescript and notable only for low-grade disk bulges at the levels in question. Moving forward with a trial diagnostic block was, thus, indicated. Therefore, the request for a first-time lumbar epidural steroid injection at L4-L5 and L5-S1 was medically necessary.