

Case Number:	CM15-0118734		
Date Assigned:	06/29/2015	Date of Injury:	01/14/2013
Decision Date:	07/30/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/19/2015

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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 14, 2013. In a Utilization Review report dated May 28, 2015, the claims administrator failed to approve a request for a lumbar epidural injection at L4-L5 and L5-S1. An RFA form received on May 20, 2015 was referenced in the determination, as was a progress note dated May 5, 2015. The claims administrator did not state whether the applicant had or had not had a prior epidural injection and seemingly based its denial on a lack of radiographically corroborated radiculopathy. The claims administrator did reference earlier lumbar MRI imaging of September 11, 2013 demonstrating disk protrusions at L4-L5 and L5-S1 with associated bilateral exiting nerve root compromise. In a progress note dated April 7, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant exhibited tenderness about the SI joints and facet joints with positive straight leg raising and limited lumbar range of motion evident. Epidural steroid injection therapy was sought on the grounds that the applicant had active right-sided radicular pain complaints and had lumbar MRI imaging demonstrating a disk protrusion at the L4-L5 level. A motorized cold therapy unit following the injection, Norco, Flexeril, and topical compounded medications were endorsed. The applicant's work status was not detailed. It was not stated whether the applicant had or had not had prior epidural steroid injection therapy or not. On November 20, 2014, the applicant again reported ongoing complaints of low back pain radiating to the leg. The applicant was not working, it was acknowledged. The applicant also reported ancillary complaints of shoulder pain. The applicant had been terminated by his former employer. The applicant had received treatment involving other body parts, the attending

provider acknowledged, including a herniorrhaphy procedure, it was reported. Norco, tizanidine, SI joint injection therapy, a motorized cold unit, and lumbar MRI imaging were endorsed. It was acknowledged that the applicant had denied ever having received injections. The remainder of the file was surveyed. There were no epidural injection procedure notes on file.

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-L5 and L5-S1 levels: Overturned

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): 46.

Decision rationale: Yes, the proposed lumbar epidural 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 injections are recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks. Here, the request was framed as a first-time request for lumbar epidural injection therapy. It did not appear that the applicant had had any prior epidural injections. The bulk of the treatment through the date of the request, furthermore, seemingly involved treatment of the applicant's primary issues with an umbilical hernia and shoulder. The attending provider, furthermore, did suggest that lumbar MRI imaging had demonstrated evidence of disk degeneration and/or disk protrusion at one of the levels in question, L4-L5. The claims administrator referenced a September 11, 2013 Utilization Review report suggesting that the applicant did exhibit nerve root compromise at both the L4-L5 and L5-S1 levels at issue. Therefore, the request for a first-time epidural injection at L4-L5 and L5-S1 was medically necessary.