

<b>Case Number:</b>	CM15-0062210		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	10/09/2013
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 9, 2013. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. An RFA form received on February 26, 2015, was referenced in the determination, as were progress notes of February 19, 2015, and January 20, 2015. The claims administrator contended that the attending provider failed to outline clear or compelling evidence of radiculopathy. It was not stated whether the injection in question was a first time request or renewal request. In a handwritten January 26, 2015 progress note, the applicant was placed off of work, on total temporary disability. Ongoing complaints of low back pain radiating to the leg were reported. The applicant did exhibit positive right-sided straight leg raising. Note was handwritten and very difficult to follow. Epidural steroid injection therapy and tramadol were endorsed. The applicant was kept off work. The applicant was given a primary operating diagnosis of lumbar radiculopathy. It was not, however, clearly outlined whether the applicant had or had not had previous electrodiagnostic testing. In a supplemental medical-legal evaluation dated December 30, 2014, the medical-legal evaluator noted that the applicant had earlier electrodiagnostic testing of May 15, 2014, demonstrating chronic L5 nerve root irritation. The medical-legal evaluator likewise failed to point out whether the applicant had or had not had previous epidural steroid injection therapy. On December 24, 2014, the applicant was again placed off work, on total temporary disability, owing to ongoing complaints of low back pain radiating to the right leg. Epidural steroid injection therapy was again proposed. In a

May 13, 2014 medical-legal evaluation, it was acknowledged that the applicant was not working and had last worked on October 9, 2013. A primary complaint of low back pain radiating to the right leg was reported. The medical-legal evaluator did review various records, suggesting that the applicant had received conservative treatment to include time, medications, physical therapy, work restrictions, etc. Work restrictions were endorsed. On February 26, 2014, the attending provider noted that the applicant had ongoing complaints of low back pain radiating to the right leg. The applicant reportedly had MRI imaging of the lumbar spine demonstrating 2 to 3 mm disk protrusion at L4-L5 with associated nerve root compromise, albeit left-sided. Epidural steroid injection therapy was endorsed at this point. The remainder of the file was surveyed on several occasions. There was no clear or concrete evidence that the applicant had received prior epidural steroid injections. No procedure notes were seemingly on file. The information on file did not seemingly include any procedure notes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Lumbar epidural injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

**Decision rationale:** Yes, request for a lumbar epidural steroid injection 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 for the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed. Here, the applicant has had prior electrodiagnostic testing, which was suggestive of an active lumbar radiculopathy process. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does, furthermore, support up to two diagnostic blocks. The request in question does seemingly represent a first time request for epidural steroid injection therapy. Moving forward, a first time block was indicated given the failure of conservative treatment to include time, medications, physical therapy, etc. Therefore, the request was medically necessary.