

Case Number:	CM15-0074347		
Date Assigned:	04/24/2015	Date of Injury:	09/30/2014
Decision Date:	05/21/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	04/20/2015

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] beneficiary who has filed a claim for low back pain reportedly associated with an industrial injury of September 30, 2014. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection apparently ordered on or around February 12, 2015. The claims administrator referenced a March 10, 2015 lumbar MRI imaging in its determination along with a RFA form of March 16, 2015 and as well as a lumbar MRI of February 12, 2015. The applicant's attorney subsequently appealed. On February 11, 2015, the applicant's attorney informed the claims administrator that the applicant had transferred care to a new primary treating provider (PTP). In a work status report of April 16, 2015, rather proscriptive 10-pound lifting limitation was endorsed. Epidural steroid injection therapy was proposed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. In a progress note dated February 12, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral legs. Numbness about the legs was noted. The applicant was obese, standing 5 feet 10 inches tall, weighing 292 pounds. Hyposensorium was noted about the L5-S1 distributions bilaterally with positive straight leg raising also appreciate. The applicant was asked to pursue an epidural steroid injection. A 10-pound lifting limitation was endorsed. Once again, it was not clearly established whether the applicant was or was not working with said limitation in place. Lumbar MRI imaging of March 10, 2015 was notable for moderate central spinal stenosis at L4-L5 and L5-S1 with associated annular bulging, facet osteoarthritis, and central canal and lateral recess

narrowing. The remainder of the file was surveyed. There was no evidence that the applicant had had 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:

Epidural Steroid Injection, L4-L5, per 2/12/15 order QTY: 1.00: 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 L4-L5 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 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 in question was framed as a first-time epidural steroid request. It did not appear that the applicant had had prior epidurals through this point in time. The applicant did have some radiographic corroboration of radiculopathy, it was acknowledged. Lumbar MRI imaging of March 3, 2015 did demonstrate broad-based disk bulging at the L4-L5 and L5-S1 levels with severe lateral recess and moderate severe foraminal stenosis at both levels. Moving with epidural steroid injection therapy was, thus, indicated, given the persistent radicular pain complaints and the incomplete response to earlier conservative management in the form of time, medications, observation, etc. Therefore, the request was medically necessary.

Epidural Steroid Injection, L5-S1, per 2/12/15 order QTY: 1.00: 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: Similarly, the request for an epidural steroid injection at L5-S1 was likewise 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 in question was framed as a first-time request for epidural steroid injection therapy. The applicant did have ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant did, furthermore, have radiographic corroboration of radiculopathy at

the L4-L5 and L5-S1 levels in question. Moving forward with an epidural steroid injection was, thus, indicated; given the applicant's incomplete response to time, medications, work restrictions, etc. Therefore, the request was medically necessary.