

Case Number:	CM15-0090561		
Date Assigned:	05/14/2015	Date of Injury:	08/14/2006
Decision Date:	06/22/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/11/2015

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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 14, 2006. In a Utilization Review report dated April 21, 2015, the claims administrator failed to approve a request for an L5-S1 lumbar epidural steroid injection. The claims administrator stated that the applicant had failed earlier spinal cord stimulator implantations. The claims administrator stated that it was denying the request on the grounds that the applicant's chance of improvement with an epidural injection was "sufficiently low" so as to support the denial. The claims administrator did not, however, clearly state whether the applicant had or had not had a previous epidural block. An RFA form dated February 20, 2015 and an associated progress note dated March 23, 2015 were referenced in the determination. In an applicant questionnaire dated November 12, 2014, the applicant acknowledged that he was not, in fact, working. In an associated progress note dated November 12, 2014, the applicant reported ongoing complaints of low back pain. The applicant was using Tylenol No. 3 eight times daily with minimal relief and tramadol extended release, it was reported. The applicant had received acupuncture, spinal cord stimulator implantation, facet blocks, manipulative therapy, and physical therapy, it was reported. Lumbar MRI imaging, Norco, and Ultracet were seemingly prescribed on this date. On March 20, 2015, the applicant reported ongoing complaints of low back pain radiating into left leg. An L5-S1 epidural steroid injection was proposed. It was acknowledged that the applicant was not working and had last worked in October 2006. The applicant was using Norco and Prilosec; it was reported on this date. A slight limp, well healed surgical site about the lumbar spine, and 4+/5 bilateral lower

extremity strength were appreciated. The applicant reported 7-8/10 pain complaints. The applicant stated that he was having difficulty getting up out of bed from time to time and stated that mowing the lawn and/or lifting his granddaughter remained problematic. The attending provider stated that the epidural steroid injection in question was intended for diagnostic and/or therapeutic effect. It was not, however, stated whether the applicant had or had not had a previous block. On February 23, 2015, it was stated that the applicant had undergone two prior lumbar diskectomies in 2007 and 2010. The attending provider noted that earlier lumbar MRI imaging of January 20, 2015 was notable for moderate-to-severe neuroforaminal narrowing at L5-S1. Multiple medications were renewed. Epidural steroid injection therapy at the L5-S1 level was proposed. The remainder of the file was surveyed. There was no explicit mention of the applicant is having had an earlier epidural steroid injection therapy, nor were there epidural procedure notes on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection on the left side L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

Decision rationale: Yes, the proposed epidural steroid injection at 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 attending provider did state that the block in question was intended for both diagnostic and therapeutic effect. There was no concrete evidence that the applicant had had an earlier epidural steroid injection. The applicant did, moreover, have both clinical and radiographic evidence of radiculopathy, with earlier lumbar MRI imaging of January 20, 2015 demonstrating degenerative disk disease, postoperative changes, and moderate-to-severe neuroforaminal narrowing at the L5-S1 level in question. Moving forward with a first-time epidural injection was, thus, indicated. Therefore, the request was medically necessary.