

<b>Case Number:</b>	CM15-0095576		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 18, 2014. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve requests for L5-S1 transforaminal epidural steroid injection and associated catheter placement. An RFA form received on April 16, 2015 and an associated progress note of March 19, 2015 were referenced in the determination. The full text of the UR decision was not; it was incidentally noted, attached to the IMR application. The applicant's attorney subsequently appealed. In an RFA form dated April 16, 2015, a L5-S1 epidural steroid injection and associated catheter placement were sought. In an associated progress note dated March 19, 2015, the applicant reported moderate-to-severe low back pain, 8-9/10 with associated numbness, tingling, and paresthesias about the legs and thighs. Standing, walking, and negotiating stairs remained problematic, the treating provider reported. SI joint tenderness was appreciated on exam, along with lumbar paraspinal tenderness and muscle spasms. The applicant had received physical therapy, manipulative therapy, chiropractic treatment, it was acknowledged. The applicant did have comorbid diabetes and hypertension, it was further reported. The attending provider referenced lumbar MRI imaging of October 7, 2014 which was notable for a broad-based disk protrusion at L5-S1 with associated thecal sac abutment. A L5-S1 epidural steroid injection with associated catheter placement was proposed. SI joint injections were also sought. Norco and Neurontin were endorsed. The applicant's work status was not detailed. It was not clearly stated whether the applicant had or had not had previous epidural steroid injection therapy or not. The remainder of the file was

surveyed. There were no epidural steroid injection procedure notes on file. The full text of the UR report was apparently incorporated into the packet of records furnished by the claims administrator. In the UR report seemingly dated April 23, 2015, the claims administrator stated that it was denying the request on the grounds that there was no evidence that conservative measures have been failed, 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.

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

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

#### **Bilateral L5-S1 transforaminal epidural steroid injection: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

**Decision rationale:** Yes, the proposed L5-S1 epidural steroid injection was medically necessary, medically appropriate, or 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. Here, the applicant did have ongoing complaints of low back pain radiating into the bilateral lower extremities evident on the March 19, 2015 progress note in question. The applicant did have broad-based disk protrusion with associated thecal sac abutment at the level in question, L5-S1, with associated impingement upon the exiting left L5 nerve root. Next, the applicant's radiculopathy was seemingly radiographically confirmed. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further supports up to two diagnostic epidural blocks. Here, the request was framed as a first-time request for epidural steroid injection therapy as there was no concrete evidence that the applicant had in fact received previous epidural injections. The attending provider seemingly suggested that the applicant had exhausted conservative measures, including time, medications, physical therapy, manipulative therapy, etc. Moving forward with a first-time epidural steroid injection was, thus, indicated. Therefore, the request was medically necessary.

#### **Catheter to L3 through S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

**Decision rationale:** Since the primary request for an epidural steroid injection was deemed medically necessary, the derivative or companion request for associated catheter placement was likewise medically necessary.

