

Case Number:	CM14-0000565		
Date Assigned:	01/10/2014	Date of Injury:	02/25/2005
Decision Date:	11/09/2015	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/02/2014

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 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 25, 2005. In a Utilization Review report dated December 12, 2013, the claims administrator failed to approve a request for an L4- S1 transforaminal epidural steroid injection. The claims administrator referenced a December 3, 2013 RFA form and a progress note dated November 8, 2013 and October 11, 2013 in its determination. The claims administrator contended that the applicant had had a prior epidural steroid injection, without profit. The applicant's attorney subsequently appealed. On a handwritten November 8, 2013 office visit, the applicant reported ongoing complaints of neck and low back pain. The note was handwritten, difficult to follow, and not entirely legible. It was suggested that the applicant had had a prior cervical epidural steroid injection. It appeared that the attending provider went on to seek authorization for a lumbar epidural steroid injection. The bulk of the note, however, comprised of documentation of the applicant's neck pain complaints. The applicant reported complaints of neck pain with radiation to the arms. Occipital headaches were also reported. There was no overt mention of ongoing radicular pain complaints, although the attending provider did state at the bottom of the report that the applicant carried a diagnosis of lumbar radiculopathy. On an earlier note dated November 1, 2013, it was acknowledged that the applicant was not working. The applicant was using Norco. Ongoing complaints of knee pain were also reported on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left L4-S1 transforaminal epidural steroid injection under fluoroscopy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - [https://www.acoempracguides.org/Low Back, Table 2, Summary of Recommendations, Low Back Disorders](https://www.acoempracguides.org/Low%20Back,%20Table%20,%20Summary%20of%20Recommendations,%20Low%20Back%20Disorders).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: No, the request for a lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, here, however, the handwritten November 8, 2013 office visit did not clearly establish the presence of radicular pain complaints, lower extremity paresthesias, tingling, etc., referable to the lumbar spine. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that radiculopathy should be radiographically and/or electrodiagnostically corroborated. Here, however, the attending provider failed to furnish a clear or compelling radiographic corroboration of radiculopathy or describe or recount lumbar radicular pain complaints at any length on his November 8, 2013 office visit. Therefore, the request was not medically necessary.