

Case Number:	CM13-0030085		
Date Assigned:	11/27/2013	Date of Injury:	10/21/1998
Decision Date:	04/02/2015	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/27/2013

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 reportedly associated with an industrial injury of October 21, 1998. In a Utilization Review Report dated September 23, 2013, the claims administrator failed to approve requests for lumbar epidural steroid injection therapy and lumbar facet injection therapy. The claims administrator referenced an RFA form received on September 9, 2013 in its determination, along with a progress note of August 12, 2013. It was stated that the applicant had had multiple prior epidural steroid injections. The applicant's attorney subsequently appealed. On June 7, 2013, the applicant reported persistent complaints of low back pain. The applicant stated that he had six epidural steroid injections over the course of the claim. The applicant was on Celebrex for pain relief, it was acknowledged. Positive right-sided straight leg raising was evident. The applicant reportedly had symptomatic neuroforaminal stenosis, symptomatic spondylolisthesis, and lumbar radiculopathy, the treating provider noted. Another epidural steroid injection and Celebrex were endorsed. On August 12, 2013, the attending provider suggested that the applicant consider a lumbar laminectomy-microdiscectomy and/or fusion surgery. CT myelography was proposed. Severe low back and left lower extremity pain were appreciated. On September 7, 2013, the applicant received concurrent epidural and lumbar facet injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L5 LUMBAR EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20- 9792.26 MTUS (Effective July 18, 2009) ,Epidural steroid injections (ESIs) Page(s): 46 of 127.

Decision rationale: No, the lumbar epidural steroid injection apparently performed on September 7, 2013 was not medically necessary, medically appropriate, or indicated here. The request in question did represent a request for a repeat epidural steroid injection as the applicant had had six epidural steroid injections prior to that point in time. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, there was/is no clear or compelling evidence of lasting analgesia and functional improvement with earlier blocks. While the applicant had returned to work, the applicant continued to report ongoing complaints of severe low back and leg pain. The applicant remained dependent on a variety of analgesic medications, including Celebrex. The applicant consulted a spine surgery, who had ultimately reached to conclusion that earlier epidural steroid injection therapy had failed and went on to seek authorization for a lumbar laminectomy-discectomy-fusion surgery. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of six prior epidural steroid injections. Therefore, the request for a repeat epidural steroid injection at L5 was not medically necessary.

L4-L5 FACET INJECTION WITH MONITOR ANESTHESIA X2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: Similarly, the request for an L4-L5 lumbar facet injection was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, facet joint injections, as were proposed here, are deemed not recommended. Here, it is further noted that the attending provider failed to set forth a clear or compelling case for the proposed facet block. The applicant's primary pain generators included symptomatic spondylolisthesis, neuroforaminal stenosis, and lumbar radiculopathy. There was no clear mention or clear description of facetogenic low back pain for which facet joint injections could be considered. The request, thus, was not indicated both owing to the (a) considerable lack of diagnostic clarity present here and (b) the unfavorable ACOEM position on the article at issue. Therefore, the request was not medically necessary.

