

Case Number:	CM14-0124967		
Date Assigned:	08/11/2014	Date of Injury:	10/04/2010
Decision Date:	07/10/2015	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/07/2014

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 58-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 4, 2010. In a Utilization Review report dated July 25, 2014 the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced progress notes and RFA forms of July 9, 2014 and July 14, 2014 in its determination. The claims administrator contended that the applicant had undergone prior spine surgery and recommended that he apparently went onto recommend the applicant pursue conservative measures before pursuing the epidural in question. It was not stated whether the applicant had or had not previous epidural steroid injection. In a January 16, 2014 psychology note, it was suggested that the applicant had stopped working at some point in 2010-2011. The applicant had undergone spine surgery in 2011, it was reported. Derivative complaints of depression and anxiety were evident, it was acknowledged. On July 20, 2014, the applicant underwent an L4-L5 and L5-S1 anterior exposure procedure in preparation for an anterior lumbar interbody fusion surgery. In a separate operative report of July 21, 2014, the applicant underwent an L4-L5 discectomy-fusion surgery with plating. In a pain management consultation dated April 29, 2014, the applicant reported ongoing complaints of low back radiating to the right leg. The applicant had undergone earlier failed lumbar spine surgery prior to this point, it was reported. The applicant had also undergone an unspecified left hip surgery, it was stated. The applicant exhibited visibly antalgic gait. A well-healed surgical scar was noted. Facetogenic tenderness was noted. Positive SI joint tenderness and positive straight leg raising were also reported. The applicant exhibited hyposensorium about the right leg. The attending provider suggested pursuit of an epidural steroid injection. It was not stated

whether the applicant had or had not had previous epidural steroid injection. An SI joint injection was also sought. Norco and urine drug testing were proposed. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Outpatient) Right L4-S1 Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections (ESIs).

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

Decision rationale: No, the request for a lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the purpose of the epidural steroid injection is to reduce pain and inflammation, restore range of motion, facilitate progress in more active treatment programs, and avoid surgery. Here, however, it did not appear that the epidural steroid injection was proposed for the purposes of avoiding surgery. The requesting provider, a pain management physician, apparently may be requested for epidural steroid injection therapy independent of the applicant's spine surgeon. The applicant went on to receive spine surgery on July 21, 2014, i.e., a few months after the date of the pain management consultation of April 29, 2014 on which the epidural injection in question was proposed. Usage of the epidural and steroid injection in question did not apparently obviate the applicant's need for surgery. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that pursuit of repeat block should be predicated on evidence of lasting analgesic function with earlier blocks. Here, however, the requesting provider, pain management physician, did not clearly identify whether the applicant had or had not had previous epidural blocks in his April 29, 2014 progress note. Therefore, the request was not medically necessary.