

Case Number:	CM14-0156340		
Date Assigned:	09/25/2014	Date of Injury:	07/15/2003
Decision Date:	11/16/2015	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/24/2014

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 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 15, 2003. In a utilization review report dated September 19, 2014, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced an RFA form dated September 12, 2014 in its determination. The claims administrator stated that its decisions were based on non-MTUS Third Edition ACOEM Guidelines but did not incorporate those guidelines or any other guidelines in its report rationale. There is no seeming mention whether the applicant had or had not had a prior injection. The applicant's attorney subsequently appealed. On an undated RFA form, an L4-L5 transforaminal epidural steroid injection was sought. On an associated progress note dated August 21, 2014, the applicant reported ongoing complaints of low back pain radiating to the thigh. The attending provider stated that lumbar MRI imaging demonstrated a central disc protrusion at L4-L5 which contacted but did not compress the nerve roots. Bilateral foraminal stenosis was appreciated at the same level. Mild weakness about the left EHL musculature was reported with positive left-sided straight leg raising. An epidural injection was sought. The applicant's permanent work restrictions were renewed. There is no mention on whether the applicant was or was not working with said limitations in place or whether the applicant had or had not had prior epidural injections. On January 17, 2013, the applicant was declared permanent and stationary. It was suggested the applicant received 15 sessions of physical therapy, "a few epidural steroid injections," and medications. The applicant had also undergone earlier knee surgery, it was reported. The medical-legal evaluator noted the applicant

was using Ambien, Neurontin, tramadol, Vicodin, Voltaren Gel, and vitamins. On May 13, 2014, it was acknowledged the applicant was using a variety of medications to include Robaxin, tramadol, Naprosyn, Neurontin, and Voltaren Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Left Transforaminal ESI (Epidural Steroid Injection) at L4-5 with Fluoroscopic Guidance as an Outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM)-<https://www.acoempracguides.org/LowBack>; Table 2, Summary of Recommendations, Low Back Disorders.

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

Decision rationale: No, the request for an L4-L5 lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for a repeat epidural steroid injection as a prior report dated January 7, 2013 stated that the applicant had had a "few epidural steroid injections" through that point in time. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that pursuit of repeat epidural steroid injection would predicate evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, it did not appear that the applicant had profited significantly from the prior unspecified numbers of epidural steroid injections. A historical note on May 13, 2014 was notable for commentary to the effect that the applicant was using multiple medications to include Robaxin, tramadol, Naprosyn, Neurontin, Voltaren Gel, etc. Permanent work restrictions were renewed on August 21, 2014, seemingly unchanged from prior visits. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. Severe pain complaints, both axial and radicular, were reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite receipt of multiple prior epidural steroid injections over the course of the claim. Therefore, the request for a repeat epidural steroid injection to the L4-L5 was not medically necessary.