

Case Number:	CM14-0207158		
Date Assigned:	12/19/2014	Date of Injury:	08/08/2001
Decision Date:	02/17/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 August 8, 2001. In a Utilization Review Report dated November 25, 2014, the claims administrator partially approved a request for two epidural steroid injections as one lumbar epidural steroid injection alone. The claims administrator referenced a progress note of November 10, 2014 in which it was suggested that the applicant had had prior lumbar spine surgery. In a December 8, 2014 progress note, the applicant reported 5/10 low back pain. The applicant was using Effexor, Norco, Lyrica, Soma, and Zanaflex, it was acknowledged. 3 to 4+ to 4/5 lower extremity strength were appreciated. The applicant was given a diagnosis of cervical radiculitis status post earlier cervical spine surgery. The applicant was apparently pending lumbar epidural steroid injection therapy. Multiple medications were renewed. In a progress note dated November 30, 2014, the applicant again reported ongoing complaints of neck pain status post earlier cervical fusion surgery at C4-C5 with associated mild left arm weakness. The applicant had undergone cervical spine surgery in December 2013, it was stated. The applicant's ancillary issues were low back and leg pain with associated occipital neuralgia. The applicant reportedly had a footdrop evident. The note was somewhat difficult to follow and mingled historical issues with current issues. The applicant's BMI was 33. A series of one to two lumbar epidural steroid injections was endorsed while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Injection L3-4 to be performed by Pacific Pain Physicians, series 1-2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI's) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: 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, as was/is present here, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position on epidural steroid injection therapy by noting that pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the attending provider sought authorization for two consecutive epidural injections without any proviso to reevaluate the applicant between injections so as to ensure a favorable response to the same before proceeding with the second injection. The request, thus, as written, is at odds with page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.