

Case Number:	CM15-0001264		
Date Assigned:	01/12/2015	Date of Injury:	10/03/2007
Decision Date:	03/16/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	01/05/2015

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, Ohio, 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 3, 2007. In a Utilization Review Report dated December 10, 2014, the claims administrator failed to approve request for lumbar epidural steroid injection therapy. The claims administrator suggested that the applicant had had three previous epidural steroid injections without documentation of sustained improvement. The claims administrator did not invoke or incorporate any guidelines in its rationale. The claims administrator did reference a November 18, 2014, progress note in its determination. In a July 1, 2014, RFA form, Motrin, Norco, tramadol, Prilosec, and Soma were prescribed. In an associated progress note dated July 1, 2014, the applicant reported persistent complaints of low back pain, exacerbated by standing, lifting, twisting, and walking. The applicant's work status was not clearly outlined, although the attending provider suggested that the applicant perform activities to tolerance. In an October 6, 2014 progress note, the applicant was described as having persistent complaints of low back pain. The applicant stated that there was evidence of right leg numbness. The applicant reportedly had evidence of lumbar spondylosis and a disc bulge at L4-L5. The applicant was working, it was acknowledged. Positive straight leg raising and an antalgic gait was evident. Norco, tramadol, Prilosec, Soma, Motrin, and Neurontin were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection L4-5/L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the proposed lumbar epidural steroid injection is not medically necessary, medically appropriate, or indicated here. The request in question represents a repeat epidural steroid injection. The applicant has had at least three prior epidural steroid injections, the claims administrator acknowledged. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, recommends no more than two lifelong epidural steroid injections and further notes that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, it appears that the applicant has plateaued in terms of the functional improvement measures established in MTUS 9792.20f with earlier blocks. While the applicant has apparently returned to and/or maintained successful return to work status, the previous epidural steroid injections have failed to appreciably curtail the applicant's dependence on a variety of opioid and non-opioid analgesics including Norco, Ultram, Prilosec, Soma, Motrin, Ambien, etc. The applicant's continued dependence on analgesic medications, thus, suggests a lack of ongoing functional improvement as defined in MTUS 9792.20f needed to justify repeat epidural steroid injection. Therefore, the request is not medically necessary.