

Case Number:	CM15-0005415		
Date Assigned:	02/17/2015	Date of Injury:	01/23/2014
Decision Date:	05/01/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/10/2015

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, 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 34-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury January 23, 2014. In a Utilization Review report dated December 16, 2014, the claims administrator failed to approve a request for epidural steroid injection therapy with associated epidurography, fluoroscopic guidance, and IV sedation. An RFA form received on December 18, 2014 was referenced in the determination, along with a progress note of December 16, 2014. The applicant's attorney subsequently appealed. In a progress note dated November 18, 2014, the applicant reported ongoing complaints of low back pain, knee, and ankle pain with ancillary complaints of neck, shoulder, and arm pain. Random, episodic chest pain was also reported. The applicant did have ancillary complaints of dizziness. The applicant also reported issues with anxiety and depression. The attending provider referenced an essentially negative lumbar MRI of May 13, 2014 and electrodiagnostic testing of October 10, 2014, which was negative for right lumbar radiculopathy. The electrodiagnostic testing was suggestive of sensory motor polyneuropathy and/or peroneal neuropathy associated with the applicant's diabetes. The applicant's medications included Protonix, Topamax, Flexeril, buprenorphine, metformin, and nifedipine. A rather proscriptive 5-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. The attending provider suggested that the applicant consider epidural steroid injection therapy and/or facet joint injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidurogram, 2 lumbar epidural steroid injections, 2 lumbar epidural steroid injections at each additional level, with fluoroscopic guidance and IV sedation: 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 (ESIs) Page(s): 46.

Decision rationale: No, the request for two lumbar epidural steroid injections, multi-level, with associated epidurography, fluoroscopic guidance, and IV sedation, was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend epidural steroid injection as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its recommendation by noting that there should generally be radiographic and/or electrodiagnostic corroboration of radiculopathy. Here, however, there was neither radiographic nor electrodiagnostic corroboration of radiculopathy. The applicant's lumbar MRI, referenced above, was essentially negative. Electrodiagnostic testing of October 10, 2014, moreover, was notable for a diabetic neuropathy. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the request for two consecutive epidural steroid injections did not contain a proviso to reevaluate the applicant after the first injection to ensure a favorable response to the same before moving forward with the second injection. Therefore, the request was not medically necessary.