

Case Number:	CM15-0101020		
Date Assigned:	06/03/2015	Date of Injury:	01/31/2008
Decision Date:	07/07/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/26/2015

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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 31, 2008. In a utilization review report dated May 21, 2015, the claims administrator failed to approve a request for an L1-L2 transforaminal epidural steroid injection. A May 12, 2015 RFA form with associated progress note were referenced in the determination. The claims administrator stated earlier MRI imaging of July 8, 2014 did not establish definitive evidence of radiculopathy at the level in question. It was not clearly stated whether the request was a first-time request or a renewal request. It was suggested that the applicant had received an earlier lumbar spinal fusion surgery. The applicant's attorney subsequently appealed. On April 10, 2015, the applicant reported ongoing complaints of low back and bilateral lower extremity pain, typically severe. Ancillary complaints of cervical radicular pain were noted. The applicant also had issues with generalized anxiety disorder, it was acknowledged. The applicant had undergone shoulder surgery, lumbar spine surgery, and hand surgery, it was reported. The applicant's medication list included Cymbalta, Flexeril, Lodine, Topamax, scopolamine patches, baclofen, Lipitor, hydrochlorothiazide, Januvia, Phenergan, ramipril, and Elmiron. The applicant was described as "permanently disabled." The applicant was represented, it was further noted. The applicant had undergone an earlier failed lumbar laminectomy surgery. Multiple medications were renewed and/or continued. Lumbar MRI imaging of July 8, 2014 was notable for evidence of an L2 through L4 posterior fixation and evidence of an L2 through L5 solid interbody fusion. Degenerative changes at L1-L2 with associated central spinal stenoses were appreciated, stable and unchanged since the previous

study. On December 2, 2014, the attending provider sought authorization for a repeat cervical epidural steroid injection. On November 25, 2014, the applicant had received an earlier lumbar epidural steroid injection, it was acknowledged. On May 12, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. Epidural steroid injection therapy was sought. Cymbalta, Lodine, and Topamax were apparently renewed, along with urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L1-L2 TFESI (epidural steroid injection): Upheld

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

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

Decision rationale: No, the request for bilateral L1-L2 transforaminal steroid injections was not medically necessary, medically appropriate, or indicated here. The request in question did in fact represent a request for repeat epidural steroid injection therapy. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work, despite receipt of a recent lumbar epidural steroid injection following earlier failed spine surgery. The applicant remained dependent on various and sundry analgesic and adjuvant medications, including Cymbalta, Lodine, Topamax, etc., despite receipt of the prior epidural steroid injection. The applicant was also concurrently receiving acupuncture, it was further reported. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite receipt of prior lumbar epidural steroid injections over the course of the claim. Therefore, the request is not medically necessary.