

Case Number:	CM15-0102407		
Date Assigned:	06/04/2015	Date of Injury:	05/27/2011
Decision Date:	07/10/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/28/2015

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 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 27, 2011. In a Utilization Review report dated May 8, 2015, the claims administrator apparently partially approved a request for an epidural steroid injection at L4-L5 and L5-S1 as an epidural steroid injection at L4-L5 alone. The claims administrator acknowledged that the request represented a request for repeat epidural steroid injection, noting that the applicant had had an epidural steroid injection as recent as February 2015. A RFA form dated May 4, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported ongoing complaints of low back pain with ancillary complaints of SI joint pain and shoulder pain. 3-5/10 pain with medications versus 7-8/10 without medications was reported. The applicant had had an epidural steroid injection therapy in October 2013, it was acknowledged on this date. The applicant's medication list included Zestril, Lidoderm, Voltaren gel, Motrin, and Prilosec. The attending provider stated that the applicant's ability to work, concentrate, sleep, and function had all been adversely impacted as a result of his chronic pain complaints. The attending provider reiterated the request for epidural steroid injection therapy. The applicant was apparently using a cane to move about. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On April 1, 2015, the attending provider again noted that the applicant had had a prior epidural steroid injection in February 2015 with 70% reported functional benefit. The treating provider did not elaborate or expound upon the nature of the benefit and again noted that the applicant was using a cane to move about. The applicant was

using Motrin, Naprosyn, Voltaren gel, Lidoderm, and Zestril, it was reported. The applicant's ability to walk, concentrate, sleep, and function had all been adversely affected as a result of his chronic pain concerns, as had his mood, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Bilateral L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 a lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request was framed as a repeat epidural steroid injection request as the applicant had had prior epidural steroid injections at various points over the course of the claim, including in February 2015 as well as in late 2013. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant did not appear to have been working as of progress notes of April and May 2015. The applicant remained dependent on a variety of analgesic medications, including Lidoderm patches, Voltaren gel, Naprosyn, Motrin, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple epidural injections over the course of the claim. Therefore, the request for a repeat epidural injection was not medically necessary.