

Case Number:	CM15-0102469		
Date Assigned:	06/04/2015	Date of Injury:	09/16/2011
Decision Date:	07/10/2015	UR Denial Date:	05/12/2015
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 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 16, 2011. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced a progress note dated May 5, 2015 in its determination. The claims administrator contended that the applicant had had multiple epidural steroid injections over the course of the claim, including two injections in 2012, without profit. The applicant's attorney subsequently appealed. On February 4, 2015, the attending provider sought a caudal epidural steroid injection therapy. The applicant was given a diagnosis of failed back surgery syndrome. Mobic was endorsed for the same. 4-6/10 pain complaints were noted. The applicant was on Duexis, Neurontin, and Skelaxin and was apparently working regular duty. The attending provider stated that the applicant was using said medications sparingly. On April 1, 2015, the attending provider reiterated his request for epidural steroid injection therapy, noting that the applicant was working regular duty, despite ongoing complaints of low back pain radiating to the right leg. The applicant had received a caudal epidural steroid injection via a procedure note dated June 17, 2014, it was reported. Lumbar MRI imaging of December 10, 2011 was notable for multilevel degenerative disk disease, multilevel facet arthropathy, multilevel neuroforaminal stenosis, and a disk protrusion at L4-L5 with associated lateral recess stenosis with evidence of a previous laminectomy at the S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection (ESI) lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Yes, the proposed caudal epidural steroid injection was medically necessary, medically appropriate, and indicated here. The request did represent a request for a repeat epidural steroid injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant's return to and maintenance of full-time, regular duty work status following receipt of an earlier epidural steroid injection in mid to late 2014 did constitute a prima facie evidence of functional improvement as defined in MTUS 9792.20e with the same. The applicant was not consuming any opioid medications and was only using medications such as Skelaxin sparingly as of an office visit of April 1, 2015, it was suggested above. It did appear, in short, that the applicant had profited from the previous epidural steroid injection. Therefore, the request for a repeat caudal epidural injection was medically necessary.