

Case Number:	CM15-0102904		
Date Assigned:	06/05/2015	Date of Injury:	02/10/2015
Decision Date:	07/09/2015	UR Denial Date:	05/21/2015
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 41-year-old who has filed a claim for neck and low back pain reportedly associated with an industrial contusion injury of February 10, 2015. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve requests for three consecutive epidural steroid injections to the L4-L5 and L5-S1 levels and also denied a nerve root block to the L4-L5 and L5-S1 levels. A progress note and a RFA form dated April 7, 2015 were referenced in the determination, despite the fact that this did not clearly appear to be a chronic pain case as of the date in question. In a handwritten note dated May 8, 2015, difficult to follow, not entirely legible, the applicant was placed off work, on total temporary disability, owing to alleged lumbar radicular pain complaints. Positive straight leg raising was noted. The applicant did report complaints of low back pain radiating to the legs, it was suggested. Epidural steroid injection therapy and electrodiagnostic testing of the lower extremities were proposed. In an April 7, 2015 progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. Limited and painful lumbar range of motion were appreciated with positive straight leg raising noted about both legs. The attending provider stated that MRI imaging demonstrated disk protrusions at the L4-L5 and L5-S1 levels. The applicant was placed off work, on total temporary disability. Epidural steroid injection therapy was sought. The attending provider stated that he believed MRI imaging of the lumbar spine had demonstrated disk protrusions at the level(s) in question, L4-L5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injections to L4-5 and L5-S1, quantity three: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300; 309.

Decision rationale: No, the request for three consecutive lumbar epidural steroid injections at L4-L5 and L5-S1 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, epidural steroid injections for radicular pain are deemed "optional," to avoid surgery. Page 300 of the ACOEM Practice Guidelines also notes that epidural steroid injections offer no significant long-term functional benefit and are generally indicated only to afford short-term improvement in leg pain and/or sensory deficits. The request for three consecutive epidural steroid injections, thus, ran counter to the tepid position on epidural steroid injections set forth on both pages 300 and 309 of the ACOEM Practice Guidelines as it did not incorporate a proviso to reevaluate the applicant between each blocks so as to ensure a favorable response to the same before moving forward with repeat blocks. Therefore, the request was not medically necessary.

Nerve Root Block to L4-5 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Conversely, the request for a [single] nerve root block at the L4-L5 and L5-S1 levels was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 300, epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in applicants with nerve root compression due to herniated nucleus pulposus. Here, the attending provider did frame the request as a first-time request for epidural steroid injection therapy. The attending provider sought epidural steroid injection therapy on or around the two-month mark of the date of injury, noting that the applicant had failed several weeks of treatment with time, medications, observation, other conservative measures, etc. The applicant was off work as of the date in question, April 7, 2015. Moving forward with a first-time nerve root block (AKA epidural steroid injection) was, thus, indicated. Therefore, the request was medically necessary. As with the preceding request, since this did not appear to be a chronic pain case as of the date(s) of the request, April 7, 2015 and/or May 8, 2015, the ACOEM Practice Guidelines were preferentially invoked over the MTUS Chronic Pain Medical Treatment Guidelines.

