

Case Number:	CM15-0109616		
Date Assigned:	06/09/2015	Date of Injury:	10/08/2010
Decision Date:	07/15/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/15/2015

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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 8, 2010. In a Utilization Review report dated May 30, 2015, the claims administrator failed to approve requests for epidural steroid injection therapy, associated fluoroscopic guidance, and implantation for percutaneous neurostimulator. An April 23, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On said April 23, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating into the right leg, 5/10. The applicant reported difficulty standing, walking, sitting, and/or negotiating uneven surfaces. Hyposensorium about the right thigh was noted. A positive SI joint provocative testing was noted. SI joint injection therapy was proposed, as was the second lumbar epidural steroid injection. Implantable percutaneous neurostimulator devices were sought to ameliorate the applicant's radicular pain complaints. Duragesic, Cymbalta, and Norco were renewed. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On May 30, 2015, the attending provided reported heightened complaints of low back pain radiating to the right leg, 8-9/10. The attending provider stated that the applicant had received an epidural steroid injection on April 8, 2015 and went on to reiterate request for repeat epidural steroid injection. SI joint injection therapy, percutaneous neurostimulator implantations, Norco, and Motrin were endorsed. Once again, the applicant's work status was not detailed. On March 25, 2015, the applicant reported heightened complaints of neck pain, low back, arm pain, leg pain, 8/10 most of the time and "severe." The applicant was having difficulty

sleeping secondary to heighten pain complaints, it was reported. Standing and walking on hard surfaces remained problematic. Shoulder corticosteroid injection was endorsed at this point in time. Medication selection and medication efficacy were not detailed on this date. On March 25, 2015, the applicant reported that climbing stairs, taking long walks, sleeping, and other activities of daily living had been adversely impacted secondary to chronic pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 Transforaminal Lumbar Epidural Steroid Injection: 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 right L4-L5 transforaminal lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request was framed as a request for repeat epidural steroid injection. However, 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 applicant's work status was not reported on multiple office visits, referenced above, suggesting that the applicant was not, in fact, working, despite receipt of earlier epidural steroid injection therapy. The earlier epidural steroid injection failed to result in lasting analgesia. The applicant continued to report pain complaints as high as 8/10 on multiple office visits, referenced above. The applicant continued to report at times severe pain complaints and reported difficulty in negotiating stairs, standing, walking, etc., it was further noted. The earlier epidural steroid injection failed to curtail the applicant's dependence on opioid agent such as Duragesic and Norco, it was acknowledged on April 23, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one to two prior epidural steroid injections. Therefore, the request for a repeat L4-L5 epidural steroid injection was not medically necessary.

Right L5-S1 Transforaminal Lumbar Epidural Steroid Injection: 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: Similarly, the request for a repeat L5-S1 epidural steroid injection was likewise not medically necessary, medically appropriate, or indicated here. The request, as was the preceding request, was framed as a repeat request for epidural steroid injection therapy. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that

pursuit of repeat epidural should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant's work status was not reported on multiple office visits, referenced above, suggesting the applicant was not, in fact, working, despite receipt of prior epidural steroid injections, including at least two recent epidural steroid injections, it was suggested above. The previous epidural steroid injection failed to curtail the applicant's dependence on opioid agent such as Norco and Duragesic. The applicant continued to report difficulty performing activities of daily living as basic as standing, walking, negotiating stairs, etc., despite receipt of the previous epidural steroid injections. The applicant remained dependent on opioid agents such as Norco and Duragesic. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior epidural steroid injections. Therefore, the request for a repeat L5-S1 epidural steroid injection was not medically necessary.

Fluoroscopic Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Similarly, the request for fluoroscopic guidance was likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanies the primary request(s) for steroid injection therapy. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injection should be performed under live x-ray or fluoroscopy, here, however, the primary request for epidural steroid injection(s) were deemed not medically necessary above. Since the primary request for epidural steroid injections were deemed not medically necessary, the derivative or companion request for associated fluoroscopy was likewise not medically necessary.

Implantation of percutaneous neurostimulators: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation (PENS) Page(s): 97.

Decision rationale: Finally, the request for implantation of a percutaneous neurostimulator was likewise not medically necessary, medically appropriate, or indicated here. While page 97 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that percutaneous electrical nerve stimulation may be employed on a trial basis or used as an adjunct to a program evidence based functional restoration after other nonsurgical treatments, including therapeutic exercises and TENS, have been tried, failed, and/or judged to be unsuitable or contraindicated, here, however, there was no mention of the applicant having previously tried and/or failed a

conventional TENS unit. The attending provider likewise did not explicitly state that the applicant was intent on employing the proposed PENS therapy in conjunction with program of evidence based functional restoration. The attending provider did not document the applicant's work status on multiple office visits, referenced above, suggesting that the applicant was not working. It did not appear, in short, the applicant was intent on employing the proposed percutaneous neurostimulator implantation in conjunction with a program of functional restoration. Therefore, the request was not medically necessary.