

Case Number:	CM15-0013951		
Date Assigned:	03/10/2015	Date of Injury:	05/18/2014
Decision Date:	04/13/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/23/2015

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 51-year-old who has filed a claim for low back pain reportedly associated with an industrial injury of May 18, 2014. In a Utilization Review Report dated January 3, 2014, the claims administrator failed to approve concurrent request for epidural steroid injection therapy and facet joint injections at L4-L5 and L5-S1. The claims administrator referenced historical utilization review reports and a progress note of October 10, 2014 in its determination. The applicant's attorney subsequently appealed. On July 30, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 5 to 7/10. The applicant was given diagnosis of lumbar radiculopathy versus lumbar strain. Epidural steroid injection therapy at the L5-S1 level was proposed. Electrodiagnostic testing of November 24, 2014 was negative for any radiculopathy. By October 30, 2014, the applicant had transferred care to a new primary treating provider, who suggested the applicant pursue epidural steroid injection therapy. Naprosyn, tramadol, and Tylenol No. 3 were endorsed. Hyposensorium was noted about the right leg with right lower extremity ranging from 4 to 5/5 noted. On December 1, 2014, the applicant was placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESI and Facet Injections at L4-L5 and L5-S1: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: No, the request for epidural steroid injections and facet 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, facet joint injections, one of the articles at issue, are deemed 'not recommended.' Here, the attending provider did not clearly state why facet joints injections were being pursued in the face of the unfavorable ACOEM position on the same. The attending provider's documentation did not outline a clear role for concurrent usage of epidural steroid injection therapy and facet joint injection therapy, particularly in the light of the fact that the applicant's radicular complains were predominant here. Since the facet joint injection component of the request cannot be supported, the request was not medically necessary.