

Case Number:	CM15-0134996		
Date Assigned:	07/23/2015	Date of Injury:	02/25/2005
Decision Date:	08/25/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/13/2015

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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 25, 2005. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve requests for a lumbar epidural steroid injection with associated monitored anesthesia care. The claims administrator referenced a June 2, 2015 progress note and an associated RFA form of June 29, 2015 in its determination. The claims administrator noted that the applicant had had three prior lumbar epidural steroid injections, including most recently on February 9, 2015. The applicant's attorney subsequently appealed. On said June 2, 2015 progress note, the applicant was described as having ongoing complaints of low back pain radiating into the left leg. The attending provider contended that the applicant's earlier epidural injection in January gave 55% pain relief. The note was quite difficult to follow as it mingled historical issues with current issues. The applicant was on Neurontin, Lidoderm, Prilosec, Soma, Lunesta, Tylenol No. 4, naproxen, and Medrol, it was suggested. One section of the note seemingly suggested that the applicant was working. The attending provider suggested that the applicant needed IV sedation on the grounds that the applicant was afraid of spinal injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 lumbar steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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 in question was framed as a request for a repeat lumbar epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, it did not appear that the applicant demonstrated ongoing evidence of functional improvement as defined in MTUS 9792.20e, despite receipt of three prior lumbar epidural steroid injections over 2014 and 2015. While the applicant had reportedly returned to work, as suggested on June 2, 2015, receipt of multiple prior epidural steroid injections had failed to curtail the applicant's dependence on variety of opioid and non-opioid analgesic and adjuvant medications to include Tylenol No. 4, Neurontin, Lidoderm patches, Soma, naproxen, Medrol, etc. All of the foregoing, taken together, suggested a lack of ongoing functional improvement as defined in MTUS 9792.20e needed to compel a fourth epidural steroid injection. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines notes that most guidelines recommend no more than two epidural steroid injections. Pursuit of the epidural injection in question, thus, ran counter to the precept set forth on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to pursue no more than two epidural steroid injections and also ran counter to the principle set forth on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to reserve repeat epidural blocks for applicants who have demonstrated lasting analgesia and functional improvement with earlier blocks. Here, it did not appear, in short, that the applicant had derived such improvement via the three prior epidural blocks. Therefore, the request was not medically necessary.

Monitored Anesthesia care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.