

Case Number:	CM15-0137782		
Date Assigned:	07/27/2015	Date of Injury:	04/20/2001
Decision Date:	08/28/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/16/2015

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] beneficiary who has filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of April 20, 2011. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for two caudal epidural steroid injections under ultrasound guidance. The claims administrator referenced an RFA form of June 24, 2015 in its determination. The applicant's attorney subsequently appealed. On the June 18, 2015 progress note, the attending provider appealed the previously denied epidural steroid injections (exquisite). The attending provider stated that the applicant had multilevel lumbar spine stenosis and had had previous epidural steroid injections at the level in question. The applicant's work and functional status were not detailed. In a July 9, 2015 progress note, the attending provider again noted that applicant had had multiple cervical and lumbar epidural steroid injections. Worsening pain complaints were reported. The applicant had pending neurosurgery evaluation, it was noted. The applicant was on baclofen, Lyrica, and Ultram. A caudal epidural steroid injection was apparently performed on this date. Once again, the applicant's work status was not reported, although the applicant did not appear to be working. In a letter dated July 16, 2015, the attending provider again maintained that the applicant had multilevel spinal stenosis for which the applicant had received multiple prior lumbar epidural steroid injections. The attending provider again maintained that the applicant had responded favorably to the same. The applicant's work and functional status, however, were not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal Epidural under Ultrasound Guidance L5 Region QTY: 2: 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 two (2) caudal epidural steroid injections under ultrasound guidance was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, thus, the request for two consecutive epidural steroid injections without a proviso to reevaluate the applicant between each block, thus, as written, runs counter to MTUS principles and parameters. It is further noted that the request in question did represent a request for repeat epidural steroid injections as the applicant had had multiple prior epidural steroid injections at the level in question, the treating provider acknowledged in appeal letter dated July 16, 2015 and June 18, 2015. The applicant, however, did not appear to demonstrate a lasting analgesia or functional improvement with earlier blocks. The applicant's work and functional status were not reported on office visits of July 9, 2015. The applicant reported heightened pain complaints on July 9, 2015 remained dependent on variety of analgesic and adjuvant medications to include baclofen, Lyrica, and tramadol, it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e. Finally, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that all epidural steroid injections should be performed under fluoroscopic guidance. The request for epidural steroid injection therapy under ultrasound guidance, thus, also ran counter to MTUS principles and parameters. Therefore, the request was not medically necessary.