

Case Number:	CM15-0145456		
Date Assigned:	08/06/2015	Date of Injury:	05/27/2000
Decision Date:	09/08/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/27/2015

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 May 27, 2000. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for a lumbar epidural injection. The claims administrator referenced a June 25, 2015 RFA form and an associated June 24, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 2, 2015, the applicant was asked to continue Valium, Soma, and Ambien. Norco was discontinued. The applicant was given a Toradol injection for immediate pain-relief purposes. The applicant reported having developed severe pain following earlier hardware removal surgery some five days prior. On May 27, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain radiating to the bilateral lower extremities. On April 30, 2015, the applicant had in fact undergone a revision decompression and fusion procedure at L4-L5 to ameliorate issues with retained hardware, recurrent stenosis, and inconclusive prior fusion. In a July 12, 2015 appeal letter, the attending provider sent in a supplemental letter appealing the denial. A variety of MTUS and non-MTUS guidelines were invoked. In an RFA form dated June 25, 2015, lumbar epidural injection, 12 sessions of physical therapy, a Toradol injection, and a trigger point injection were proposed. The Toradol injection and a trigger point injection were apparently performed in the clinic itself, it was suggested. The applicant was placed off of work, on total temporary disability. The applicant had severe complaints of low back pain radiating to the right leg, it was acknowledged. The applicant exhibited an antalgic gait and had difficulty-walking secondary to pain, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar epidural steroid injection: Overturned

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

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

Decision rationale: Yes, the proposed epidural steroid injection was medically necessary, medically appropriate, and indicated here. The request was framed as a first-time request for an epidural steroid injection following recent lumbar spine surgery on April 30, 2015. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections can offer short-term pain relief and should be used in conjunction with other rehabilitation efforts including continued home exercise program. Here, the attending provider noted on June 24, 2015 that the applicant had severe right lower extremity radicular pain complaints. The attending provider did state that the epidural steroid injection in question was intended to facilitate the applicant's performance of physical therapy postoperatively. The request was ordered in conjunction with a request for postoperative physical therapy and was seemingly indicated, given the severe radicular pain complaints present on the date in question, June 24, 2015. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks. Here, the request was framed as a first-time request for epidural steroid injection therapy following earlier failed spine surgery on April 30, 2015. Therefore, the request was medically necessary.