

Case Number:	CM15-0145559		
Date Assigned:	08/06/2015	Date of Injury:	08/23/1996
Decision Date:	09/10/2015	UR Denial Date:	07/25/2015
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 58-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of July 1, 1996. In a Utilization Review report dated July 27, 2015, the claims administrator failed to approve a request for lumbar epidural steroid injection. An RFA form received on July 10, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten note dated July 15, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain. Work restrictions were endorsed. A 20-pound lifting limitation was endorsed. It was suggested that the applicant was in fact working with said limitation in place. Epidural steroid injection therapy was apparently sought. The applicant was using Voltaren and Ultram, it was reported, both of which were described as refills. The attending provider's commentary was very difficult to follow, not entirely legible and did not state whether the applicant had or had not had previous epidural injections. The documentation was handwritten, very difficult to follow, and did not clearly state whether the applicant had or had not received a prior epidural steroid injection, although one section of the note stated that the applicant had had "no response" to an epidural steroid injection. It was not clear whether the attending provider was stating that the applicant had not had failed to respond favorably to a previous epidural steroid injection or whether the attending provider was stating that the claims administrator had failed to respond to a request for authorization. Lumbar MRI imaging of May 12, 2015 was notable for multilevel degenerative changes, 7 mm anterolisthesis at L5 on S1, and severe left-sided foraminal narrowing at L5-S1. On May 20, 2015, the applicant was given a trigger point injection in the

clinic setting. The remainder of the file was surveyed. The claims administrator's medical evidence log suggested that the June 15, 2015 in fact represented the most recent note on file; thus, the July 10, 2015 progress note which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 lumbar interlaminar epidural steroid injections under fluoroscopic guidance: 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 Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: No, the request for an L5-S1 epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question was seemingly framed as a request for a repeat epidural steroid injection. The attending provider reported on an earlier note of June 15, 2015 that the applicant has had "no response" to a previous lumbar epidural steroid injection. Work restrictions, Voltaren, and tramadol were all renewed on that date, suggesting that the applicant had, in fact, failed to profit in terms of the functional improvement and parameters established in MTUS 9792.20e, despite seeming receipt of a prior lumbar epidural steroid injection. While it was acknowledged that the July 10, 2015 progress note on which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet, the historical notes on file, including the June 15, 2015 progress note cited above, failed to support or substantiate the request. Therefore, the request is not medically necessary.