

Case Number:	CM15-0145962		
Date Assigned:	08/06/2015	Date of Injury:	04/15/2014
Decision Date:	09/10/2015	UR Denial Date:	06/22/2015
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 pain (LBP) reportedly associated with an industrial injury of April 15, 2014. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve a request for two epidural steroid injections targeting the L5-S1 level. The claims administrator referenced a June 4, 2015 progress note and an associated office visit of May 12, 2015 in its determination. The applicant's attorney subsequently appealed. On July 30, 2015, the applicant reported ongoing complaints of shoulder pain status post earlier failed shoulder surgery. A repeat shoulder MRI was endorsed. Home care and transportation were sought. The applicant was using a variety of medications, including Tylenol No. 4, several of which were refilled. On April 30, 2015, Tylenol No. 3 and Cymbalta were endorsed while the applicant received trigger point injections as well as a hip trochanteric bursa injection. On May 12, 2015, the applicant was described as having various chronic pain issues, including mid back pain, low back pain, elbow pain, shoulder pain, hip pain, and knee pain. The applicant was off work and had not worked since April 15, 2014, it was reported. The applicant was receiving temporary disability benefits, it was acknowledged. The applicant had a variety of depressive symptoms, it was reported. Two consecutive epidural steroids at L5-S1 were sought. The attending provider cited lumbar MRI imaging of May 21, 2015 demonstrating a disk protrusion with associated L5 nerve root impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar Epidural Injection times 2 to the L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Epidural Steroid Injections.

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

Decision rationale: The request for two (2) lumbar epidural steroid injections targeting the L5-S1 level was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, current research does not support a series of three epidural injections in either the diagnostic or the therapeutic phase. By implication, thus, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines likewise does not support a series of two epidural steroid injections, as was proposed here. Rather, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia with functional improvement with earlier blocks. Here, thus, the request for two consecutive epidural steroid injections without a proviso to re-evaluate the applicant following the first injection so as to ensure a favorable response to the same before moving forward with the second injection, thus, ran counter to the philosophy espoused on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.