MAXIMUS Federal Services

| Case Number: | CM15-0147260 | | |
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| Date Assigned: | 08/10/2015 | Date of Injury: | 08/31/2000 |
| Decision Date: | 09/10/2015 | UR Denial Date: | 07/25/2015 |
| Priority: | Standard | Application Received: | 07/29/2015 |

## 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 pain (LBP) reportedly associated with an industrial injury of August 31, 2000. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve requests for an epidural steroid injection and a spine surgery consultation while approving Lexapro and Oxycontin. The claims administrator referenced a July 17, 2015 RFA form in its determination. The claims administrator contended that the applicant had had prior epidural steroid injections without radiographic corroboration of radiculopathy. The claims administrator cited progress notes of July 13, 2015, June 15, 2015, and May 18, 2015 at the bottom of its note. The applicant's attorney subsequently appealed. On July 13, 2015, the applicant reported ongoing complaints of low back and neck pain, 6-7/10, aggravated by twisting, turning, bending, and cold weather. The applicant was on Lortab, Oxycontin, Lyrica, Tizanidine, topical Lidopro, Effexor, Oxycodone, and Percocet, it was reported. The applicant was off of work and receiving disability benefits, it was reported in the Social History section of the note. The attending provider nevertheless contended that previous epidural steroid injection had been successful and suggested repetition of the same. Multiple medications were renewed. The applicant was asked to consult a spine surgeon to consider surgical option. The applicant had had lumbar MRI imaging dated May 31, 2014 notable for multilevel degenerative changes most prominent at the L5-S1 level.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Spine Surgery Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

**Decision rationale:** Yes, the proposed spine surgery consultation is medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was off of work, as acknowledged above. The applicant's pain complaints had proven recalcitrant to time, medications, opioid therapy, earlier epidural steroid injections, etc. The applicant's pain complaints were seemingly described as severe and intractable on the July 13, 2015 progress note at issue. Obtaining the added expertise of a spine surgeon to determine the applicant's suitability for surgical intervention and/or to formulate other treatment options was, thus, indicated. Therefore, the request is medically necessary.

**Left L5-S1 Transforaminal Epidural Steroid Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Conversely, the request for an epidural steroid injection is not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for a repeat epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant remained off of work; it was reported on July 13, 2015. The applicant was receiving both Workers' Compensation indemnity benefits and disability insurance benefits, it was reported on that date. The applicant remained dependent on a variety of opioid agents to include Oxycontin, Percocet, Oxycodone, etc., along with a variety of non-opioid agents such as Lyrica and Tizanidine. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e. Therefore, the request for a repeat epidural steroid injection is not medically necessary.