

Case Number:	CM15-0147893		
Date Assigned:	08/10/2015	Date of Injury:	09/27/2011
Decision Date:	09/14/2015	UR Denial Date:	07/07/2015
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 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 27, 2011. In a Utilization Review report dated July 7, 2015, the claims administrator failed to approve requests for an L5-S1 epidural steroid injection with associated fluoroscopic guidance. The claims administrator referenced a May 19, 2015 RFA form in its determination. The claims administrator noted that the applicant had received a previous right L5-S1 epidural steroid injection on March 19, 2014. The claims administrator contended that the previous epidural steroid injection had not proven profitable. The claims administrator incidentally noted that the applicant did have an electrodiagnostically-confirmed lumbar radiculopathy, based on an electrodiagnostic testing dated December 23, 2014. The applicant's attorney subsequently appealed. On January 19, 2015, the applicant was placed off of work, on total temporary disability. It was acknowledged that the applicant had received "multiple epidural steroid injections in the past" on that date. 10/10 pain complaints were reported on this date. The applicant was given refills of Norco, Neurontin, topical Lidoderm patches, oral diclofenac, and oral Flexeril. A pain psychology evaluation was endorsed while the applicant was placed off of work, on total temporary disability, for an additional 30 days. On May 30, 2015, the attending provider reiterated his request for a right L5-S1 epidural steroid injection. Once again, the applicant was placed off of work, on total temporary disability. The applicant's complete medication list was not outlined on this date. On June 10, 2015, the attending provider reiterated his request for an epidural steroid injection. 9/10 low back pain complaints radiating into the bilateral lower extremities were evident. The

applicant was using Norco, Neurontin, and diclofenac, it was reported. The attending provider reiterated his request for a right L5-S1 epidural steroid injection while again keeping the applicant off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar L5/ Sacroiliac S1 Transforaminal Injection with fluoroscopic guidance, 1 time: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: No, the request for a right L5-S1 epidural steroid injection is not medically necessary, medically appropriate, or indicated here. As acknowledged by the attending provider and the claims administrator, the request in question did in fact represent 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 injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant remained off of work, on total temporary disability, as of the June 10, 2015 office visit at issue. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Norco, Neurontin, diclofenac, etc. 9/10 pain complaints were reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier lumbar epidural steroid injection(s). Therefore, the request is not medically necessary.