

Case Number:	CM15-0160872		
Date Assigned:	08/27/2015	Date of Injury:	03/11/2015
Decision Date:	10/02/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/17/2015

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 neck pain reportedly associated with an industrial injury of March 11, 2015. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for epidural steroid injections. The claims administrator referenced an August 10, 2015 progress note and an associated RFA form in its determination. The claims administrator contended that the attending provider's documentation was thinly developed but did not establish a compelling need for the epidural steroid injection therapy in question. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most recent note on file was in fact dated July 24, 2015; thus, the August 10, 2015 progress note which the claims administrator based its decision upon was not seemingly incorporated into the IMR packet. In a progress note dated July 24, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. Half of the applicant's pain was axial and half of the applicant's pain was radicular, it was reported. Hyposensorium about the left leg was reported. The attending provider contended that the applicant had issues with electrodiagnostically confirmed L5-S1 radiculopathy superimposed on issues with grade 1 L4-L5 spondylolisthesis. An epidural steroid injection at the L5-S1 level was sought. The attending provider contended that the applicant had radiographic corroboration of radiculopathy at that level. The applicant's work status was not explicitly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injections: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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 epidural steroid injections was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend epidural steroid injections as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this position by noting that pursuit of repeat epidural injection should be predicated on evidence of lasting analgesia and/or functional improvement with earlier blocks. Here, the request for epidural steroid injection(s), thus, was at odds with page 46 of the MTUS Chronic Pain Medical Treatment Guidelines as it did not contain a proviso to reevaluate the applicant between each injection so as to ensure a favorable response to the same before moving forward with further blocks. Therefore, the request was not medically necessary.