

Case Number:	CM15-0161887		
Date Assigned:	08/27/2015	Date of Injury:	09/19/2012
Decision Date:	10/02/2015	UR Denial Date:	08/03/2015
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 42-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 19, 2012. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection at L4-L5. A July 28, 2015 progress note and an associated RFA form of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On July 7, 2015, the applicant reported ongoing complaints of chronic neck and low back pain. The attending provider contended that the applicant had benefitted from a previous lumbar epidural injection and went on to seek a repeat L4-L5 epidural steroid injection. The applicant reported difficulty performing activities of daily living as basic as self-care, personal hygiene and household chores, it was reported. Unspecified medications were refilled. The applicant exhibited a slightly antalgic gait and was visibly obese, it was reported. The applicant's work status was not detailed, although it did not appear that the applicant was working. The exact names of the medications which the applicant was using were likewise not detailed or characterized. Twelve sessions of manipulative therapy were endorsed. On June 4, 2015, the applicant received a refill of Tylenol No. 4. Chronic low back and bilateral shoulder pain were reported. In a work status report dated August 27, 2015, the applicant was placed off of work, on total temporary disability, for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L4-L5: 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 lumbar epidural injection at L4-L5 was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural injections are recommended as an option in the treatment of radicular pain, here, however, progress notes of July 7, 2015 and June 4, 2015 did not clearly describe or characterize the applicant's radicular symptoms (or lack thereof). There was no mention of the applicant's having issues with low back pain radiating to the legs on either date. The request in question was, furthermore, framed as a request for a repeat epidural steroid injection, per the treating provider's progress note of July 7, 2015. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant's work status was not clearly reported on office visits of July 7, 2015 and June 4, 2015, suggesting that the applicant was not, in fact, working. The previous epidural injections failed to curtail the applicant's dependence on opioid agents such as Tylenol No. 4, it was further noted. The applicant reported difficulty performing activities of daily living as basic as self-care and personal hygiene, it was reported. The applicant was subsequently placed off of work, on total temporary disability, on August 27, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior lumbar epidural injection. Therefore, the request for a repeat epidural injection was not medically necessary.