Case Number:	CM15-0163424		
Date Assigned:	08/31/2015	**Date of Injury:**	10/17/2002
Decision Date:	10/05/2015	**UR Denial Date:**	08/05/2015
Priority:	Standard	**Application Received:**	08/20/2015

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 October 17, 2002. In a Utilization Review report dated August 5, 2015, the claims administrator failed to approve a request for an epidural steroid injection. The claims administrator referenced a progress note and an associated RFA form of July 29, 2015 in its determination. The claims administrator contended that the applicant had had at least one prior lumbar epidural steroid injection. The applicant's attorney subsequently appealed. On an RFA form dated July 29, 2015, a lumbar epidural steroid injection was sought. In an associated progress note of July 29, 2015, it was acknowledged in one section of the note that the applicant was not working. In another section of the note, it was stated that the applicant was in fact retired. 7/10 pain complaints were noted. The attending provider contended that a previous epidural steroid injection had generated significant pain relief but that the applicant had developed heightened pain complaints scored at 7/10. The applicant's medication list included Neurontin, Norco, Prozac, Ambien, Flomax, TriCor, albuterol, and Symbicort. The attending provider noted that the applicant did have radiographic corroboration of radiculopathy. A repeat epidural steroid injection was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left paracentral lumbar interlaminar ESI under fluoroscopy L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: No, the request for a lumbar epidural steroid injection was 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 therapy should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant remained off of work, it was acknowledged on the date of the request, July 29, 2015. The applicant remained dependent on a variety of analgesic and adjuvant medications including Norco and Neurontin. Pain complaints as high as 7/10 were reported. Permanent work restrictions imposed by a medical-legal evaluator were renewed on July 29, 2015, effectively resulting in the applicant's removal from the workplace. 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 steroid injection. Therefore, the request for a repeat epidural steroid injection was not medically necessary.