

Case Number:	CM15-0163703		
Date Assigned:	08/31/2015	Date of Injury:	10/12/2009
Decision Date:	10/06/2015	UR Denial Date:	08/07/2015
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 [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 12, 2009. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve a request for an L3-S1 lumbar transforaminal epidural steroid injection. The claims administrator contended that the applicant had had at least one prior lumbar epidural steroid injection in 2013. The claims administrator referenced progress notes of August 3, 2015 and February 12, 2015 in its determination. The applicant's attorney subsequently appealed. On said August 3, 2015 progress note, the applicant reported ongoing complaints of low back pain status post earlier L5-S1 disk replacement surgery. The applicant was on Percocet for pain relief. The applicant had also undergone earlier failed fusion surgery in 2013, it was reported. The attending provider stated that the applicant had not received an epidural steroid injection since 2013. The applicant's medications included Percocet, OxyContin, and Flexeril, it was reported. The applicant had developed derivative complaints of depression owing to his seeming failure to return to work. Multilevel epidural steroid injection and Percocet were endorsed. The applicant exhibited significantly limited lumbar range of motion on exam. The attending provider noted that the applicant's pain complaints significantly impacted his ability to work, concentrate, sleep, and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3 S1 transforaminal epidural steroid injection (ESI) x 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Section: 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 multilevel 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. The treating provider's August 3, 2015 progress note acknowledged that the applicant had in fact received at least one prior lumbar epidural steroid injection in 2013. 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 August 3, 2015. The applicant remained dependent on opioid agents to include Percocet and OxyContin. The applicant's pain complaints were significantly impacting his ability to work, concentrate, sleep, and function, the treating provider 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 at least one prior lumbar epidural steroid injection. Therefore, the request was not medically necessary.