

Case Number:	CM15-0180080		
Date Assigned:	09/21/2015	Date of Injury:	10/30/2014
Decision Date:	11/02/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/14/2015

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 low back pain (LBP) reportedly associated with an industrial injury of October 30, 2014. In a Utilization Review report dated August 26, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. An August 1, 2015 office visit was referenced in the determination. The applicant was described as status post one prior lumbar epidural steroid injection. The applicant's attorney subsequently appealed. On August 1, 2015, the applicant reported ongoing complains of low back pain with associated radiation of pain to the right leg. The applicant was still working despite ongoing pain complaints. Positive right leg straight leg raising was noted. The applicant was asked to pursue a repeat epidural steroid injection. Unspecified medications were refilled. Lumbar MRI imaging dated April 8, 2015 was notable for a sub acute fracture involving the L2 and L3 transverse process. Multilevel degenerative disk disease was noted without significant canal stenosis or foraminal stenosis, including at the L2-L3 level. On April 10, 2015, the attending provider suggested that the applicant pursue an L4-L5 epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second right L2-3 lumbar epidural steroid injection (ESI) under imaging: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: No, the proposed L2-L3 lumbar epidural steroid injection is not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that there should be radiographic and/or electro diagnostic corroboration of radiculopathy. Here, however, lumbar MRI imaging of April 8, 2015 failed to identify any evidence of a herniated disk, central stenosis, or foraminal stenosis at the level in question, L2-L3. It was not clearly stated why an epidural steroid injection targeting this level was proposed, given the paucity of radiographic findings at the level in question. Therefore, the request is not medically necessary.