

Case Number:	CM15-0183542		
Date Assigned:	09/24/2015	Date of Injury:	05/22/2001
Decision Date:	11/06/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/18/2015

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 May 22, 2001. In a utilization review report dated September 14, 2015, the claims administrator approved a request for six sessions of physical therapy while denying a request for an L5-S1 epidural steroid injection. The claims administrator referenced an August 26, 2015 office visit in its determination. The claims administrator did not state whether the applicant had or had not had a prior epidural steroid injection, but stated that the attending provider failed to document the failure of conservative treatment, despite the fact that the applicant was some 14 years removed from the date of injury as of the date of the request. On August 26, 2015, the applicant reported ongoing complaints of low back pain radiating into the left leg, attributed to left L5 radiculopathy. The applicant had had multiple epidural steroid injections since 2010, it was reported. The treating provider contended that these epidurals had generated lasting analgesia, but acknowledged that the applicant's response to same was variable. The applicant was diabetic and hypertensive, it was reported. The applicant had also undergone total knee arthroplasty, it was stated. The applicant's medication list included omeprazole, metformin, Ativan, Neurontin, baclofen, Xanax, Flexeril, bisoprolol-hydrochlorothiazide, meclizine, Zocor, Tylenol with Codeine, glipizide, Bystolic, morphine, Norco, Zestril, and senna, it was stated. The applicant was using a cane to move about. 7/10 pain complaints were reported in another section of the note. Multiple medications were refilled. The applicant had received five prior epidural steroid injections since 2012, the treating provider stated. The applicant was described as having

"retired" in the Social History section of the note. The applicant was still smoking 1-1/2 packs a day, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left L5 and S1 transforaminal epidural steroid injection with fluoroscopic guidance:

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 request for a left L5-S1 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 injections would be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work and had reportedly "retired" at age 56, it was reported in an office visit of August 26, 2015. Pain complaints as high as 7/10 were reported on that date. The applicant remained dependent on a variety of opioid and non-opioid agents to include Neurontin, Tylenol with Codeine, Norco, morphine, Ativan, Flexeril, etc., it was reported on August 26, 2015. The applicant was still using a cane to move about. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite ongoing usage of the same. Therefore, the request was not medically necessary.