

Case Number:	CM15-0186975		
Date Assigned:	09/29/2015	Date of Injury:	10/31/2011
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/23/2015

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 40-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 31, 2011. In a Utilization Review report dated September 1, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced an RFA form received on August 26, 2015 and an associated progress note of August 18, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 26, 2015, Relafen, Prilosec, Neurontin, Flexeril, the L4-L5 epidural steroid injection at issue, Docuprene, and Menthoderm were all endorsed. On an associated office visit of August 18, 2015, it was acknowledged the applicant had undergone an earlier lumbar microdiscectomy at L5-S1 on January 22, 2015, but still had residual bilateral lower extremity radicular pain complaints, left greater than right. The applicant was apparently not a candidate for further surgical intervention, it was suggested. Tenderness about the SI joints was appreciated with pain limiting lumbar range of motion. The applicant exhibited non-antalgic gait. Well preserved, 5/5 bilateral upper extremity motor function and intact lower extremity sensorium were reported. Lumbar MRI imaging of July 17, 2015 was notable for postsurgical changes at L5-S1 suggestive of granulation tissue formation of the same at the L4-L5 level, the treating provider noted. At the bottom of the note, however, the attending provider stated that he was seeking "a trial of ESI series." The attending provider did not seemingly state why he was targeting the L4-L5 level, however. The attending provider stated that the epidural injections in question represented therapeutic injections. The applicant was placed off of work, on total temporary disability while multiple medications were renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and 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 an L4-L5 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 should be 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 radiculopathy should be electrodiagnostically and/or radiographically confirmed. Here, however, it did not appear that the applicant had either radiographically or electrodiagnostically confirmed radiculopathy at the level in question, L4-L5. The attending provider's progress note of August 18, 2015 suggested that lumbar MRI imaging of July 17, 2015 was notable only for postsurgical residuals of the earlier L5-S1 microdiscectomy, including granulation tissue formation. There was not mention of the applicant's having significant findings at the L4-L5 level. There was no mention of the applicant's having positive electrodiagnostic testing at the level in question. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks, here, however, the attending provider explicitly stated on August 18, 2015 that he was seeking a "therapeutic" epidural steroid injection series. Therefore, the request is not medically necessary.