MAXIMUS Federal Services

Case Number:	CM15-0189333		
Date Assigned:	10/01/2015	Date of Injury:	10/19/1998
Decision Date:	11/17/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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 65-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 19, 1998. In a utilization review report dated August 21, 2015, the claims administrator failed to approve a request for an epidural steroid injection targeting the L4-L5 and L5-S1 levels. The claims administrator referenced an August 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 14, 2015, the applicant reported ongoing issues of chronic mid and low back pain. The applicant's medication list included Duragesic, Advil, and Lyrica, it was reported. The applicant was still smoking. The applicant was "disabled," the treating provider reported in the social history section of the note. The applicant was described as having severe low back and associated lower extremity radicular pain complaints. Hyposensorium was appreciated about the lower extremities. A lumbar epidural steroid injection and smoking cessation were endorsed. The treating provider contended that "previous transforaminal techniques had helped."

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Right L4-5 & L5-S1: 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 epidural steroid injection at L4-L5 and L5-S1 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 requesting provider acknowledged on August 14, 2015. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate 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 and had been deemed "disabled," the treating provider reported on August 14, 2015. Receipt of earlier epidural steroid injection had failed to curtail the applicant's dependence on opioid agents such as Duragesic and nonopioid agents such as Lyrica, it was acknowledged on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite receipt of earlier unspecified number(s) of epidural steroid injection(s) over the course of the claim. Therefore, the request for a repeat epidural steroid injection at L4-L5 and L5-S1 was not medically necessary.