

Case Number:	CM15-0189737		
Date Assigned:	10/01/2015	Date of Injury:	02/18/2012
Decision Date:	11/16/2015	UR Denial Date:	09/14/2015
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 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 16, 2012. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve a request for an epidural steroid injection at L4-L5 and L5-S1. The claims administrator referenced an office visit of August 4, 2015 with associated RFA forms of August 25, 2015 and September 8, 2015 in its determination. The applicant's attorney subsequently appealed. On August 4, 2015, the applicant reported ongoing complaints of low back pain status post earlier lumbar laminectomy surgery in 2013. 7-8/10 pain complaints were reported. The applicant was minimally functional, it was reported, was largely bedridden secondary to pain complaints, the treating provider reported. The applicant was using Percocet, Soma, Cymbalta, and topical compounded agent, it was reported. A repeat epidural steroid injection was sought. The treating provider acknowledged that the applicant had had a prior epidural steroid injection of April 30, 2015. The treating provider contended that the earlier injection was successful, but did not elaborate further. On July 3, 2015, the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection at Bilateral L4-5 And L5-S1: 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 an epidural steroid injection at L4-L5 and L5-S1 was not medically necessary, medically appropriate, or indicated here. The request in question represented a request for a repeat epidural steroid injection, the requesting provider acknowledged on August 4, 2015. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection would be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the treating provider acknowledged on August 4, 2015 that the applicant was poorly functional and was largely bedridden secondary to pain complaints "most of the time." The applicant remained dependent on opioid agents such as Percocet and non-opioid agent such as Soma, it was acknowledged on that date. The applicant was placed off of work, on total temporary disability, via an earlier note dated July 30, 2015. 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 on April 30, 2015. Therefore, the request for a repeat lumbar epidural steroid injection was not medically necessary.