

Case Number:	CM15-0191946		
Date Assigned:	10/06/2015	Date of Injury:	07/27/2012
Decision Date:	11/18/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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 41-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 27, 2012. In a utilization review report dated September 2, 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 order form dated August 24, 2015 in its determination. The applicant's attorney subsequently appealed. On September 1, 2015, it was acknowledged that the applicant remained off of work, on total temporary disability. The applicant had undergone an earlier L4-L5 laminectomy-discectomy procedure on February 16, 2015. The applicant had reportedly "failed physical therapy, epidurals, and medication trials," the treating provider acknowledged. The applicant's medication list included tramadol, it was reported. On August 17, 2015, the applicant was again described as off of work. It was suggested the applicant could consider a multidisciplinary functional restoration program. Ongoing complaints of low back pain radiating to the leg were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 and L5-S1 epidural steroid injection: Upheld

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

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 and 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, the treating provider acknowledged on September 1, 2015. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant remained off of work, it was reported on September 1, 2015. The applicant was described as having "failed physical therapy, epidurals, and medication trials." The applicant remained dependent on opioid agents such as tramadol, it was acknowledged on that date. The applicant was reportedly considering a functional restoration program as demonstrated on August 17, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite receipt of earlier epidural steroid injection(s) in unspecified amounts over the course of the claim. Therefore, the request for a repeat epidural steroid injection at L4-L5 and L5-S1 is not medically necessary.