

Case Number:	CM15-0197423		
Date Assigned:	10/12/2015	Date of Injury:	07/14/2008
Decision Date:	11/30/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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 July 14, 2008. In a utilization review report dated September 30, 2015, the claims administrator failed to approve a request for an L5-S1 transforaminal epidural steroid injection while approving a request for physical therapy and Colace. The claims administrator referenced a September 16, 2015 date of service in its determination. The claims administrator seemingly contended that the applicant had had at least one prior epidural steroid injection. The applicant's attorney subsequently appealed. On September 16, 2015, the applicant reported 7/10 pain complaints. The applicant was using topical Flector, Colace, Neurontin, Desyrel, Vicodin, Fioricet, and Cymbalta, it was reported. The applicant exhibited positive left-sided straight leg raising. The attending provider did report issues with right leg pain, it was stated in one section of the note, although it was not clear whether this was an active complaint or not. Physical therapy, continuing usage of a TENS unit, and acupuncture were sought. The attending provider stated the applicant had received an epidural steroid injection on April 6, 2015 and stated the said injection was successful. The applicant also had lumbar medial branch blocks and trigger point injections, it was reported. The note was very difficult to follow and mingled historical issues with current issues. The applicant was no longer working with permanent limitations in place, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 transforaminal epidural steroid injection x1: 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 L5-S1 lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question did in fact represent a request for a repeat epidural steroid injection, the treating provider acknowledged on his September 16, 2015 office visit. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of a repeat epidural steroid injection would predicate an evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was not working; it was acknowledged on September 16, 2015. Permanent work restrictions were renewed on that date, seemingly unchanged from prior visits. Said permanent restrictions were seemingly resulting in the applicant's removal from the workplace. The applicant remained dependent on opioid agents such as Vicodin and barbiturate-containing analgesic such as Fioricet, it was reported 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 at least one prior lumbar epidural steroid injection on April 6, 2015. Therefore, the request for a repeat such injection was not medically necessary.