

Case Number:	CM15-0200195		
Date Assigned:	10/15/2015	Date of Injury:	02/22/1988
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/13/2015

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 76-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 22, 1988. In a Utilization Review report dated October 12, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced a September 23, 2015 office visit in its determination. The claims administrator did not state whether the applicant had or had not had a prior epidural steroid injection. The applicant's attorney subsequently appealed. On August 27, 2015, the applicant was described as pending an epidural steroid injection. The attending provider stated that previous injections had proven beneficial but did not elaborate further. 9/10 pain complaints were reported in one section of the note. The applicant's work status was not clearly reported. The applicant was using unspecified medications, the treating provider reported, which were likewise reportedly beneficial. The applicant's complete medication list was not, however, seemingly attached. On July 27, 2015, the attending provider again stated that the applicant would benefit from repeat epidural steroid injections. The attending provider acknowledged that the applicant had had multiple prior epidural injections over the course of the claim. Once again, the applicant's work status and medication list were not explicitly detailed. On an order form dated January 6, 2015, oral diclofenac, Ultracet, and Prilosec were endorsed. On January 6, 2015, the attending provider sought authorization for a repeat sacroiliac joint injection.

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 right L3-L4, under imaging: 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 a lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request was framed as a request for a repeat lumbar epidural steroid injection, the treating provider acknowledged on multiple office visits, referenced above, interspersed throughout 2015. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection therapy should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant's work and functional status were not clearly characterized on multiple office visits, referenced above, suggesting that the applicant was not, in fact, working. Receipt of multiple prior epidural steroid injections failed to curtail the applicant's dependence on opioid agents such as Ultracet or non-opioid agents such as oral Voltaren. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified number(s) of epidural steroid injections over the course of the claim. Therefore, the request for a repeat injection is not medically necessary.