

Case Number:	CM15-0200245		
Date Assigned:	10/15/2015	Date of Injury:	07/07/2014
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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 7, 2014. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced a September 25, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated October 12, 2015, the attending provider sought authorization for multilevel lumbar facet blocks under fluoroscopic guidance. On a progress note dated September 25, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg, 8-10/10. The applicant's pain complaints were interfering with sleep, work performance, driving, and sleeping. Activities of daily living as basic as sitting, standing, walking remained problematic, the treating provider reported. The applicant had failed massage therapy, physical therapy, manipulative therapy, it was reported. The applicant exhibited 4 to 5/5 right lower extremity versus 5/5 left lower extremity strength, the treating provider reported. The treating provider referenced lumbar MRI imaging of February 2015 demonstrating left L4-L5 disk protrusion generating associated left L5 nerve root impingement, with minor neuroforaminal narrowing at L5-S1. Topical compounds and two (2) lumbar epidural steroid injections were sought. Facet joint injections were concurrently sought. The applicant's work status was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4/L5, L5/S1 Transforaminal ESI Under Fluoroscopic Guidance #2: 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 two (2) lumbar epidural steroid injections at L4-L5 and L5-S1 was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, as was seemingly present here on or around the date in question, September 23, 2015, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that pursuit of repeat epidural steroid injection therapy predicated evidence of lasting analgesia and functional improvement with earlier blocks. Here, thus, the request for consecutive two (2) epidural steroid injections without a proviso to reevaluate the applicant after first injection before moving forward with the second was, thus, at odds with page 46 of the MTUS Chronic Pain Medical Treatment Guideline as it appears that the attending provider was intent on performing a series of two (2) epidural steroid injections without any intent to base the decision to pursue a second injection on the applicant's response to the first. Therefore, the request was not medically necessary.