MAXIMUS Federal Services

Case Number:	CM15-0201761		
Date Assigned:	10/16/2015	Date of Injury:	08/04/1998
Decision Date:	12/02/2015	UR Denial Date:	09/25/2015
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 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 4, 1998. On a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for an L5-S1 transforaminal epidural steroid injection. The claims administrator referenced a September 18, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 7, 2015, the attending provider seemingly appealed the previously denied epidural steroid injection. The applicant was using Tenormin, Ultracet, Lyrica, and Valium, it was reported. The attending provider contended that the applicant had disk degeneration and a disk bulge at L5-S1 which was the source of the applicant's ongoing left lower extremity radicular pain complaints. The attending provider contended that the applicant had received a prior epidural steroid injection which had reportedly worn out. The attending provider nevertheless contended that the previous injection was beneficial. The attending provider sought authorization for a repeat epidural steroid injection. Somewhat incongruously, at the bottom of the note, the attending provider cited guidelines on lumbar medial branch blocks and radiofrequency ablation procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

One bilateal L5-S1 transforaminal 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 L5-S1 epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question represented a request for repeat epidural steroid injection, the treating provider reported on an October appeal letter. However, page of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant remained off of work, the treating provider reported on his October 7, 2015 appeal letter. The applicant remained dependent on a variety of opioid and non-opioid agents to include Ultracet, Lyrica, and Valium, the treating provider reported on October 7, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least 1 prior lumbar epidural steroid injection. Therefore, the request for repeat injection was not medically necessary.