

Case Number:	CM15-0205145		
Date Assigned:	10/22/2015	Date of Injury:	03/21/2014
Decision Date:	12/08/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/19/2015

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 March 24, 2014. In a Utilization Review report dated October 6, 2015, the claims administrator failed to approve a request for what was characterized as a repeat lumbar epidural steroid injection. The claims administrator referenced an RFA form received on September 29, 2015 in its determination. The applicant's attorney subsequently appealed. On a handwritten progress note dated September 25, 2015, difficult to follow, not entirely legible, the applicant was asked to pursue a second epidural steroid injection. The treating provider contended that the previous epidural steroid injection done on September 10, 2015 had proven beneficial and sought authorization for a second. The applicant's work status, functional status, and medications were not furnished. On September 10, 2015, the applicant received a lumbar epidural steroid injection under fluoroscopic guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second lumbar 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 a second lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks, including at least 50% pain relief with associated reduction in medication consumption for 6-8 weeks. Here, however, the attending provider sought authorization for a repeat epidural steroid injection on September 20, 2015, i.e., some 2 weeks removed from an earlier epidural injection on September 10, 2015. The attending provider did not, thus, wait the requisite 4-6 weeks before considering a repeat steroid injection. The applicant's work status, functional status, and medications were not, moreover, attached to the September 25, 2015 office visit. The presence or absence of functional improvement as defined in MTUS 9792.20e with the earlier epidural block was not established. Therefore, the request was not medically necessary.