

Case Number:	CM15-0205377		
Date Assigned:	10/22/2015	Date of Injury:	08/23/2013
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
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 50-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 23, 2013. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve requests for cervical and lumbar epidural steroid injections. Six sessions of chiropractic manipulative therapy were approved. The claims administrator referenced an RFA form received on September 25, 2015 in its determination. The applicant's attorney subsequently appealed. On said September 25, 2015 RFA form, chiropractic manipulative therapy and cervical and lumbar epidural injections were both sought. On an associated progress note of the same date, September 24, 2015, the applicant reported ongoing complaints of neck, low back, and left shoulder pain. Neck pain radiating into the right arm was reported, with an ancillary complaint of low back pain radiating to the lower extremities also evident. The applicant was reportedly working, the treating provider contended. Cervical and lumbar epidural steroid injection therapies were both sought. It was not stated whether the applicant had or had not had prior epidural injections. The attending provider stated in one section of the note that the applicant was working with restrictions, while suggesting, toward the bottom of the note, that the applicant would be placed off of work, on total temporary disability, as the employer was unable to accommodate suggested limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) cervical and lumbar epidural 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Problems, Epidural steroid injections (ESIs), therapeutic.

Decision rationale: No, the request for cervical and lumbar epidural injections 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 injection are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and/or functional improvement with earlier blocks. Here, however, the attending provider's September 24, 2015 office visit made no mention of whether or not the applicant had or had not received prior epidural steroid injection and, if so, what the response to the same was. ODG's Low Back Chapter Epidural Steroid Injections topic further notes that cervical and lumbar epidural steroid injection therapy should not be performed on the same date. Here, thus, the attending provider's request for concomitant cervical and lumbar epidural steroid injection(s) was at odds with the ODG position against receipt of multiple epidural steroid injections in different regions on the same date of service. Therefore, the request was not medically necessary.