

Case Number:	CM15-0215430		
Date Assigned:	11/05/2015	Date of Injury:	05/07/2013
Decision Date:	12/23/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	11/02/2015

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 May 7, 2013. In a Utilization Review report dated October 2, 2015, the claims administrator partially approved a request for a right L5-S1 epidural steroid injection under fluoroscopic guidance. A September 13, 2015 was referenced in the determination. The applicant had had prior epidural steroid injection over the course of the claim, the claims administrator acknowledged. The applicant's attorney subsequently appealed. On September 13, 2015, the applicant reported ongoing issues with knee and leg pain. The applicant was given rather proscriptive 5-pound lifting limitation. On October 14, 2015, the applicant was described as having undergone a repeat epidural steroid injection on October 13, 2015. The applicant was on Flexeril, Medrox, Norco, Topamax, tizanidine, butalbital, Protonix, and Ativan, the treating provider reported. The applicant was placed off of work for 5 days, the treating provider reported. The treating provider then suggested that a 5-pound lifting limitation be renewed. Somewhat incongruously, it was stated in another section of the note that the applicant was working regular duty. The applicant had received earlier epidural steroid injections in June and October 2015, the treating provider reported. On September 24, 2015, it was acknowledged that the applicant was still using a cane to move about. The same, unchanged, extremely proscriptive 5-pound lifting limitation was imposed. The treating provider stated that the applicant's symptoms were waxing and waning. The applicant's medications included Norco, Medrox, Flexeril, Topamax, tizanidine, butalbital, Protonix, and Ativan. The applicant was using a cane to move about, it was stated in various sections of the note. Multiple medications were renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right (lumbosacral) L5, S1 transforaminal epidural steroid injection under fluoroscopic guidance: 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 right L5-S1 epidural steroid injection under fluoroscopic guidance was not medically necessary, medically appropriate, or indicated here. The request in question represented a request for a repeat epidural steroid injection, the treating provider acknowledged on multiple dates of service, referenced above, as the applicant had seemingly several epidural steroid injections over the course of the claim. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, a rather proscriptive 5-pound lifting limitation was renewed, seemingly unchanged from visit to visit, on multiple dates of service, including on August 13, 2015, September 15, 2015, and September 24, 2015. The applicant remained dependent on multiple analgesic medications to include Norco, Fioricet, tizanidine, Topamax, topical Medrox, Flexeril, Ativan, etc., the treating provider acknowledged on multiple dates of service. The applicant was still using a cane to move about, the treating provider acknowledged, despite receipt of multiple prior lumbar epidural steroid injection over the course of the claim. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple epidural steroid injections over the course of the claim through the date of the request. Therefore, the request is not medically necessary.