

Case Number:	CM15-0031390		
Date Assigned:	02/24/2015	Date of Injury:	04/29/1998
Decision Date:	04/08/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/19/2015

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 69-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 29, 1998. In a Utilization Review Report dated January 26, 2015, the claims administrator failed to approve a request for a series of three lumbar epidural steroid injections. The claims administrator referenced an RFA form received on January 26, 2015 in its determination. The applicant's attorney subsequently appealed. On November 20, 2014, it was acknowledged that the applicant was no longer working. The applicant had had previous epidural steroid injections, physical therapy, and acupuncture, it was acknowledged. The attending provider acknowledged that the previous injections had not generated significant benefit. The applicant was given oral Toradol and Lyrica. The applicant's complete medication list was not detailed. On January 15, 2015, a series of three epidural injections was proposed via an RFA form without any associated progress notes or narrative commentary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 lumbar selective epidural x3 (series of 3): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation ODG-TWC Low

Back Procedure summary last updated 11/12/2014, criteria for the use of Epidural Steroid Injection.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 46 of 127.

Decision rationale: No, the request for a series of three lumbar epidural injections was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, current evidence does not support a series of three epidural steroid injections in either the diagnostic or the therapeutic phase. Rather, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines suggests using functional improvement as the primary determinant as to whether to pursue repeat epidural injections or not. Here, the request for three consecutive epidural steroid injections, thus, runs counter to MTUS principles and parameters. Therefore, the request was not medically necessary.