

Case Number:	CM15-0031533		
Date Assigned:	02/24/2015	Date of Injury:	06/08/2007
Decision Date:	04/08/2015	UR Denial Date:	01/23/2015
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 48-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 8, 2007. In a Utilization Review Report dated January 23, 2015, the claims administrator failed to approve requests for lumbar epidural steroid injection and follow-up visit. A December 29, 2014 progress note was referenced in the determination. The claims administrator contended that the applicant did not have clear or compelling evidence of radiculopathy. The claims administrator also suggested that the applicant had had prior epidural steroid injection therapy on April 11, 2014. The claims administrator referenced non-MTUS ODG Guidelines to deny the follow-up visit. The applicant's attorney subsequently appealed. On December 29, 2014, the applicant reported 8-9/10 low back pain. The applicant was given a diagnosis of failed back syndrome. Residual lumbar radicular complaints were noted. A repeat lumbar epidural steroid injection was endorsed. The applicant was using Percocet, Flexeril, and a TENS unit for pain relief. 20-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. In an earlier note dated November 19, 2014, Flexeril, Percocet, an epidural steroid injection, and the same, unchanged, 20-pound lifting limitation were endorsed. Once again, it did not appear that the applicant was working as a gardener with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar epidural injection L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: No, the proposed lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question represents a repeat lumbar epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines notes 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 is seemingly off of work. A rather proscriptive 20-pound lifting limitation remains in place, seemingly unchanged, from visit to visit. The applicant does not appear to be working with said limitation in place. The applicant remains dependent on opioid agents such as Percocet. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier epidural steroid injection therapy. Therefore, the request was not medically necessary.

1 Follow up visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Conversely, the request for follow-up visit was medically necessary, medically appropriate, and indicated here. As noted in MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are often warranted even in those applicants whose conditions are not expected to change appreciably from visit to visit. Here, the applicant has longstanding low back pain complaints. The applicant is using opioid agents such as Percocet. The applicant is off of work. Obtaining a follow-up visit with the attending provider was, thus, indicated for a variety of reasons, including disability management purposes and medication management purposes. Therefore, the request was medically necessary.