

Case Number:	CM15-0031584		
Date Assigned:	02/24/2015	Date of Injury:	10/19/1988
Decision Date:	04/08/2015	UR Denial Date:	01/20/2015
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 64-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain and fibromyalgia reportedly associated with an industrial injury of October 19, 1998. In a Utilization Review Report dated January 12, 2015, the claims administrator failed to approve a request for lumbar epidural steroid injection therapy. A January 12, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 12, 2015, the applicant reported ongoing complaints of low back pain. The applicant reported using Duragesic, Lyrica, Advil, and tizanidine for pain relief. 8/10 low back pain radiating to the bilateral legs was appreciated. The attending provider stated that the applicant had left lower extremity radiculopathy with associated MRI findings at the L4-L5 and L5-S1 levels. Epidural steroid injection therapy was endorsed. The applicant's work status was not furnished. In an earlier note dated September 8, 2014, the attending provider acknowledged that the applicant had had at least one prior epidural steroid injection at the levels in question in May 2013. Once again, the applicant's work status was not furnished. Epidural steroid injection therapy was also sought on September 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI (epidural steroid injection) at L4-5 and L5-S1: Upheld

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

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

Decision rationale: No, the request for a lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question does represent a repeat epidural steroid injection as the applicant has had at least one prior epidural steroid injection in 2013 alone. 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. Here, however, the applicant's work status was not documented on several progress notes of early 2015 and late 2014, referenced above. The applicant remained dependent on opioid agents such as Duragesic. Pain complaints as high as 8/10 were reported. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of prior epidural steroid injection therapy. Therefore, the request for a repeat epidural steroid injection at L4-L5 and L5-S1 was not medically necessary.