

Case Number:	CM15-0039574		
Date Assigned:	03/09/2015	Date of Injury:	02/20/1996
Decision Date:	04/16/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/02/2015

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 62-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 10, 1996. In a Utilization Review Report dated February 18, 2015, the claims administrator denied a request for a bilateral L5-S1 transforaminal epidural steroid injection. At times, the request was framed as a request for two consecutive epidural steroid injections, while, at other times, the request was framed as a singular request for an epidural steroid injection. The claims administrator noted that the applicant had undergone earlier failed lumbar fusion surgery, was still using Percocet, Soma, and methadone, was wheelchair-bound as of February 5, 2015, had a history of prior substance abuse, and was off of work. The applicant's attorney subsequently appealed. On December 23, 2014, the applicant received sacroiliac joint injections and trochanteric bursa injections. On December 18, 2014, the applicant was described as wheelchair-bound owing to ongoing complaints of low back pain. The applicant was using Norco, Soma, Neurontin, and Percocet, it was acknowledged. On February 5, 2015, the applicant reported persistent complaints of low back pain radiating to the legs. The applicant was on Soma, Norco, methadone, and Percocet, it was acknowledged. Epidural steroid injection was sought. It was not clearly stated whether the request was a first-time request or a renewal request, although it did appear that the request in question was in fact a renewal request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5, S1 Transforaminal epidural steroid injection (TFESI) versus caudal ESI:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter.

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

Decision rationale: No, the request for an epidural steroid injection at L5-S1 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 injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this recommendation by noting that radiculopathy should typically be corroborated, either radiographically and/or electrodiagnostically and further stipulates that pursuit of repeat injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the attending provider did not clearly state whether the applicant had or had not had prior blocks at the level in question, although it did appear that the applicant had had previous interventional spine procedures of various kinds, including likely epidural steroid injection at the level in question, L5-S1. All evidence on file pointed to the applicant having failed to profit from earlier injection, including presumed earlier epidural steroid injections. The applicant has failed to return to work. The applicant remained wheelchair-bound owing to ongoing pain complaints. The applicant remained dependent on a variety of analgesic medications, including Norco, Percocet, Soma, Neurontin, methadone etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of presumed earlier epidural steroid injections. It is further noted that the attending provider failed to present any radiographic or electrodiagnostic corroboration of radiculopathy at the level in question. Therefore, the request was not medically necessary.