

Case Number:	CM15-0048491		
Date Assigned:	03/20/2015	Date of Injury:	08/03/2011
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/13/2015

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 66-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 12, 2011. In a Utilization Review Report dated March 2, 2015, the claims administrator failed to approve a request for a multilevel lumbar epidural steroid injection. The claims administrator noted that the applicant had received multiple epidural steroid injections, including in 2012 and had also received a variety of other interventional spine procedures, including facet blocks and radiofrequency ablation procedures. An RFA form received on February 11, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On January 19, 2015, the applicant was described as off of work, on total temporary disability. The applicant was represented, it was further noted. 5-7/10 pain complaints were evident. The applicant had a BMI of 29, it was reported. The applicant was asked to continue Dilaudid, baclofen, and Celebrex. The applicant's case and care were complicated by comorbid COPD, it was further suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Transforaminal/Epidural at L3-4, L4-5: Upheld

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

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 L3-L4 and L4-L5 was not medically necessary, medically appropriate, or indicated here. The request in question does seemingly represent a request for repeat epidural steroid injection therapy. The applicant has had prior epidural steroid injections at various points in time over the course of the claim, including in 2012, it was reported. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work, on total temporary disability, as of January 2015. The applicant remained dependent on a variety of opioid and non-opioid agents, including Dilaudid, baclofen, Celebrex, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier epidural steroid injections. Therefore, the request for a repeat epidural steroid injection was not medically necessary.