MAXIMUS Federal Services

Case Number:	CM15-0052167		
Date Assigned:	03/25/2015	Date of Injury:	12/21/2010
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/19/2015

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 62-year-old who has filed a claim for chronic knee, shoulder, neck, and low back pain reportedly associated with an industrial injury of December 21, 2010. In a Utilization Review report dated March 18, 2015, the claims administrator failed to approve a request for an L4-L5 lumbar epidural steroid injection with associated regional anesthesia and fluoroscopic guidance. The claims administrator referenced a progress note of February 6, 2015 in its determination. The applicant's attorney subsequently appealed. On February 6, 2015, the applicant reported ongoing complaints of low back, upper back, and hip pain. The applicant developed issues with depression and anxiety. The applicant was no longer working. It did not appear the applicant reported derivative complaints of depression, low energy levels, difficulty concentrating, and anxiety. The applicant was receiving both disability insurance benefits and worker's compensation indemnity benefits, the treating provider acknowledged. Acupuncture and cognitive behavioral therapy were seemingly endorsed, along with an epidural steroid injection and physical therapy. The attending provider did not state whether the applicant had or had not had previous epidural steroid injection therapy, nor did the attending provider furnish MRI or electrodiagnostic evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection, translaminar L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) 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 translaminar epidural steroid injection at L4-L5 was not medically necessary, medically appropriate, or indicated here. Option for treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its recommendation by noting that radiculopathy should typically be either electrodiagnostically and/or radiographically confirmed. Here, neither radiographic nor electrodiagnostic evidence of radiculopathy was furnished. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks, here, however, the attending provider did not explicitly state that this block in question was a first-time request. Therefore, the request was not medically necessary.

Regional anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46.

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

Decision rationale: Similarly, the request for regional anesthesia was likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanies the primary request for an epidural steroid injection. Since that was deemed not medically necessary, the derivative or companion request for associated regional anesthesia was likewise not medically necessary.

Fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI) Page(s): 46.

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

Decision rationale: Finally, the request for fluoroscopic guidance was likewise not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that all epidural steroid injections should be performed under fluoroscopic guidance, in this case, however, the primary request for an epidural steroid injection was deemed not medically necessary, above, in question #1. Therefore, the derivative or companion request for associated fluoroscopic guidance was likewise not medically necessary.