

Case Number:	CM15-0052172		
Date Assigned:	03/25/2015	Date of Injury:	02/15/2012
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
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 58-year-old who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of February 15, 2012. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve a request for an epidural steroid injection at L5-S1. The claims administrator referenced an RFA form received on March 3, 2015 in its determination, along with a January 7, 2015 progress note. The claims administrator stated that the attending provider had failed to outline whether the request represented a first time epidural request or a repeat request. The claims administrator also contended that the attending provider had failed to corroborate the applicant's allegations of radiculopathy. The applicant's attorney subsequently appealed. On February 4, 2015, the applicant reported ongoing complaints of low back pain, 7/10. The applicant was using Norco, tramadol, Motrin, and Neurontin. Pain complaints were, at times, severe, the treating provider acknowledged. Hyposensorium was noted about the L5-S1 dermatomes bilaterally. The attending provider stated that MRI imaging of lumbar spine demonstrated moderate disk protrusions at L4-L5 and L5-S1 levels. Epidural steroid injection therapy at L5-S1 was proposed while Norco, Neurontin, Tramadol, and Motrin were renewed. The applicant's work status was not detailed on this occasion. It was not stated whether the request was a first-time request or a renewal request. On January 12, 2015, the applicant was placed off work, on total temporary disability. The applicant was using Norco for pain relief, it was acknowledged. It was suggested "but not clearly stated" whether the applicant had had previous epidural steroid injection on this occasion. On January 7, 2015, the treating provider did acknowledge that the applicant had had previous epidural steroid injections and also stated that the applicant could consider repeat epidural steroid injection in the future. Norco, Neurontin, Tramadol, and Motrin were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) right epidural injection at L5-S1 levels under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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. The request in question does represent a request for a repeat epidural steroid injection, both the applicant's primary treating provider (PTP) and pain management specialist reported. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates 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 was off work, on total temporary disability, despite receipt of earlier epidural steroid injections. The applicant remained dependent on various and sundry analgesic adjuvant medications, including Norco, Neurontin, Tramadol, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request was not medically necessary.