

Case Number:	CM15-0059947		
Date Assigned:	04/06/2015	Date of Injury:	04/30/2012
Decision Date:	05/06/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/30/2015

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 34-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 3, 2012. In a Utilization Review report dated March 5, 2015, the claims administrator failed to approve a request for two consecutive epidural steroid injections at L4-L5. A RFA form received on February 27, 2015 was referenced in the determination, as were progress notes of January 19, 2015, January 29, 2015, and February 17, 2015. The claims administrator stated that the applicant had received earlier epidural steroid injection therapy at various points over the course of the claim, including in 2013. The applicant's attorney subsequently appealed. In a RFA form dated February 27, 2015, the attending provider did seek authorization for two consecutive epidural steroid injections at L4-L5. In an associated progress note of February 17, 2015, difficult to follow, not entirely legible, the applicant was placed off of work, on total temporary disability, for six additional weeks. The applicant's medication list was not detailed. In a January 20, 2015 progress note, the applicant was described as last having worked in June 2012. Ongoing complaints of neck and low back pain were reported on this occasion. The applicant was again placed off of work, on total temporary disability, for six weeks. A series of two epidural steroid injections were purposed. Once again, the applicant's medications were not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection, L4-L5, 2 times: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, table 12-8, Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation American Medical Association Guides: Radiculopathy.

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

Decision rationale: No, request for two lumbar epidural steroid injections was not medically necessary, medically appropriate, or indicated here. The request in question does represent a request for repeat epidural steroid injection therapy. The applicant has apparently had prior epidural steroid injections. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence on lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work, on total temporary disability, despite receipt of earlier epidural steroid injection therapy, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite earlier epidural steroid injection(s). The request for two consecutive epidural steroid injections, furthermore, also run counter to the philosophy espoused on the page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, as it did not contain a proviso to reevaluate the applicant between injections so as to ensure a favorable response to the first injection before moving forward with the second injection. Therefore, the request is not medically necessary.