

Case Number:	CM15-0081927		
Date Assigned:	05/04/2015	Date of Injury:	03/09/2012
Decision Date:	07/16/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/29/2015

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 54-year-old who has filed a claim for chronic neck and shoulder pain with alleged myofascial pain syndrome reportedly associated with an industrial injury of March 9, 2012. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve a request for a L5-S1 lumbar epidural steroid injection. The claims administrator referenced an April 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On April 16, 2015, the applicant reported ongoing complaints of neck, shoulder, and low back pain. The applicant was given various diagnoses, including myofascial pain syndrome. The applicant was asked to continue Vicodin. A lumbar epidural steroid injection was sought on the grounds that the applicant was apparently having a flare of radicular pain. A 20-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. It was not clearly stated whether the applicant had or had not had a prior epidural steroid injection or not. In a progress note dated March 26, 2015, the same, unchanged, 20-pound lifting limitation was endorsed. Once again, it was not stated whether the applicant was or was not working at this point. Lumbar MRI imaging dated May 10, 2012 was notable for a 5-mm left paracentral disk protrusion at the level of left L5 nerve root. Disk protrusions at the left nerve root were appreciated as well. The remainder of the file was surveyed. There was no mention whether the applicant had or had not had prior epidural steroid injection therapy involving the lumbar spine or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Lumbar Epidural Steroid Injection under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESIs) 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 lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural injections are recommended as an option in the treatment of radicular pain, this recommendation is, however, qualified by commentary made on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that pursuit of repeat epidural injection should be predicated on evidence on lasting analgesia and functional improvement with earlier blocks. Here, however, the attending provider's progress note of April 16, 2015 did not clearly state whether the applicant had or had not prior epidural steroid injection. The applicant's response to previous injection (if any) was not detailed. The attending provider likewise did not clearly outline the applicant's work status on April 16, 2015 office visit at issue. The information on file, in short, failed to support or substantiate the request. Therefore, the request was not medically necessary.