

Case Number:	CM13-0010058		
Date Assigned:	06/06/2014	Date of Injury:	12/31/2011
Decision Date:	06/11/2015	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/12/2013

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 44-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 31, 2011. In a Utilization Review report dated July 26, 2013, the claims administrator failed to approve a request for a series of three lumbar epidural steroid injections. The claims administrator referenced an RFA form received on July 18, 2013 as well as a progress note of July 8, 2013 in its determination. The applicant's attorney subsequently appealed. On said July 8, 2013 progress note, the applicant reported ongoing complaints of low back and leg pain. The applicant had received a series of epidural steroid injections several years prior, it was acknowledged. SI joint tenderness and paraspinal tenderness were also reported. The applicant was placed off of work, on total temporary disability, while a series of three lumbar epidural injections was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) series of three(3) lumbar (lower back) epidural steroid injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACEPM <https://www.acoempracguides.org/lowback; Table 2, Summary of Recommendations, Low Back Disorders; Broadspire Physician Advisory Criteria: Epidural Steroid Injection>.

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

Decision rationale: No, the proposed series of three lumbar epidural steroid injections was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, a series of three epidural steroid injections is not recommended either in the diagnostic or therapeutic phase of treatment. Here, the attending provider did not furnish a rationale for pursuit of a series of three epidural steroid injections in the face of the unfavorable MTUS position on the same. It is further noted that the applicant had had prior epidural steroid injection therapy, the treating provider acknowledged in his July 8, 2013 progress note. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that pursuit of repeat epidural blocks 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 the date of the request, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of multiple prior epidural steroid injections over the course of the claim. Therefore, the request was not medically necessary.