

Case Number:	CM15-0001872		
Date Assigned:	01/12/2015	Date of Injury:	07/21/2014
Decision Date:	06/03/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/05/2015

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 51-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 21, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; work restrictions; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated December 5, 2014, the claims administrator failed to approve request for two consecutive lumbar epidural steroid injections at the L4-L5 and L5-S1 levels and also denied associated preoperative laboratory testing. The applicant's attorney subsequently appealed. In a progress note dated November 18, 2014, the attending provider filed authorization for two consecutive lumbar epidural steroid injections. A rather proscriptive 10-pound lifting limitation was endorsed. It was not clearly established whether the applicant was or was not working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 ESI x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection.

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

Decision rationale: No, the proposed two consecutive lumbar epidural steroid injections at L4-L5 and L5-S1 are not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, preferably that which is radio-graphically and/or electro-diagnostically confirmed, this recommendation is further qualified by commentary made on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the attending provider sought authorization for two consecutive epidural steroid injections, with no proviso to re-evaluate the applicant between planned blocks so as to ensure a favorable response to the same before moving forward with the second block. The request, thus, as written, is at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.

Pre op labs to include CBC, UA, PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, the request for pre-op labs to include a CBC, UA, PT, and PTT 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 request was deemed not medically necessary, the derivative or companion request for associated preoperative labs such as CBC, UA, PT, and PTT was likewise not medically necessary.