

Case Number:	CM15-0111734		
Date Assigned:	06/18/2015	Date of Injury:	07/29/2000
Decision Date:	07/17/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/09/2015

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 63-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of July 29, 2000. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve a request for L5-S1 lumbar transforaminal epidural steroid injection. The claims administrator referenced an RFA form received on May 26, 2015 in its determination, along with a progress note dated May 12, 2015. The applicant's attorney subsequently appealed. On December 19, 2014, the applicant reported ongoing complaints of low back pain with some radiation of pain into bilateral hips. The applicant's medications included Lyrica, various dietary supplements, doxepin, Norflex, several topical compounded agents, Norco, Lasix and Viagra, it was reported. The applicant was using cane to move about. The applicant was apparently given a Toradol injection in the clinic. The applicant was off of work, it was acknowledged, and had been deemed "permanently disabled" it was reported. On May 28, 2015, the applicant again presented reporting ongoing complaints of low back pain. The attending provider noted that the applicant had a 14-year history of chronic low back pain. The applicant was using a cane to move about. The applicant's walking tolerance was significantly diminished. The applicant was only able to walk a block at a time, it was acknowledged. The applicant was using bilateral canes to move about, it was reported. The applicant had had epidural steroid injections in the past, it was reported, including an injection three years prior, the treating provider stated. The applicant is on doxepin, diclofenac, Lasix, Lyrica, Norflex, Ambien, Norco, Norvasc, Zocor and Zestoretic, it was reported. The applicant's BMI was 34. Well-preserved lower extremity strength was noted. Epidural steroid injection therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar transforaminal epidural steroid injection at L5/S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 at L5-S1 was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for a repeat epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was no longer working; it was suggested on multiple progress notes, referenced above. The applicant was using one or two canes to move about; it was reported on multiple office visits, referenced above, including May 28, 2015. The applicant's ability to stand and walk was significantly reduced; it was reported on May 28, 2015. The applicant remained dependent on opioid agents such as Norco, it was acknowledged on that date. All of foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified numbers of epidural steroid injections over the course of the claim. Therefore, the request for a repeat epidural steroid injection was not medically necessary.