

Case Number:	CM15-0115624		
Date Assigned:	06/23/2015	Date of Injury:	02/29/2012
Decision Date:	07/24/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/15/2015

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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 29, 2012. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve a request a lumbar epidural steroid injection. The claims administrator referenced a May 19, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On May 19, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant did report radiation of low back pain to the bilateral lower extremities, left greater than right. Tenderness about the L5 region was appreciated on exam. The attending provider stated that the applicant had multilevel disk bulges noted on lumbar MRI imaging of June 20, 2012. The applicant had received an earlier lumbar epidural injection on April 10, 2013, the attending provider reported. Motrin, Tylenol with Codeine, Robaxin, and Prilosec were endorsed, along with a traction table. A repeat lumbar epidural steroid injection was endorsed on the grounds that the applicant's medical-legal evaluator had made a provision for the same. Permanent work restrictions were renewed. It was acknowledged that the applicant was not working with said limitations in place. The applicant had reportedly retired. It was not clearly stated whether the applicant had retired on medical grounds related to the above captioned workers compensation claim or on non-medical grounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (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 proposed lumbar epidural injection was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for a repeat epidural injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was not working, it was reported on May 19, 2015. Permanent work restrictions were renewed on that date, unchanged, from previous visits. The applicant remained dependent on opioid agents such as Tylenol No. 3 and non-opioids such as Robaxin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 97920e, despite receipt of at least one prior epidural steroid injection. Therefore, the request for a repeat lumbar epidural injection was not medically necessary.