

Case Number:	CM15-0119273		
Date Assigned:	06/29/2015	Date of Injury:	04/01/1995
Decision Date:	07/30/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/19/2015

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 Ciga beneficiary employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 1, 1995. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve a request for a transforaminal injection at the L3-L4 and L4-L5 levels. The request was, thus, framed as a request for an epidural steroid injection. A May 27, 2015 progress note and associated RFA form of the same date were referenced in the determination. The applicant's attorney subsequently appealed. Lumbar MRI imaging dated May 7, 2015 was notable for a broad-based disk bulge at L3-L4 with associated lateral recess and neuroforaminal narrowing. Moderate to severe central canal stenosis was noted at L4-L5, secondary to facet degeneration and bulging. No significant stenosis at L5-S1 level was appreciated. On an RFA form dated May 27, 2015, the attending provider sought authorization for left L3-L4 and left L4-L5 transforaminal epidural steroid injections. In a separate RFA form also dated May 27, 2015, right-sided epidural steroid injections at L3-L4 and L4-L5 were sought two weeks after the preceding left-sided block. In an associated progress note dated May 27, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral thighs, 6/10. The applicant was on Lyrica, Norco, Remeron, Cipro, Naprosyn, phenazopyridine, Cymbalta, and baclofen, it was reported. It was not clear when the applicant's medication list was last updated. The applicant exhibited a normal gait with 5/5 lower extremity motor function. Positive straight leg raising was, however, appreciated. The applicant was asked to pursue epidural steroid injections at issue. The attending provider stated that he was intent on pursuing a left-sided epidural steroid injection at the levels in question

followed by right-sided epidural steroid injection therapy two weeks later. The applicant was described as having "retired," it was suggested on the social history section of the note. The applicant had received an earlier cervical epidural steroid injection in January 2014 and received earlier lumbar transforaminal injections in May and June 2013, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Injection to the left L3-4 and L4-5: Upheld

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

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

Decision rationale: No, the request for transforaminal epidural steroid injections at the left L3-L4 and left L4-L5 levels was 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, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this decision by noting that repeat blocks should be predicated on continued objective documented pain relief and functional improvements with earlier blocks. Here, however, the applicant had received earlier lumbar epidural steroid injections in mid to late 2013. It did not appear that these blocks had generated lasting benefit or functional improvements in terms of parameters established in MTUS 9792.20e. It did not appear that the earlier blocks had effected the applicant's return to work or reduce the applicant's work restrictions from visit to visit. While it was acknowledged that the applicant's failure to return to work could have been age-related (age 69), the earlier epidural steroid injection failed to curtail the applicant's dependence on opioid agents such as Norco or non-opioid agents such as Cymbalta, Lyrica, Remeron, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple prior lumbar transforaminal epidural steroid injections over the course of the claim. The attending provider, it was further noted, reported on May 27, 2015 that he was intent on performing left-sided epidural steroid injections at the levels in question followed by right-sided epidural steroid injections at the levels in question some two weeks later. Thus, the attending provider did not intend to reevaluate the applicant between each set of injections before moving forward with repeat blocks and, rather, appeared to intend on performing a series of two epidural steroid injections without evaluating the applicant's response to the first injection before moving forward with the second block. Therefore, the request was not medically necessary.