MAXIMUS Federal Services

Case Number:	CM15-0120417		
Date Assigned:	06/30/2015	Date of Injury:	12/23/2003
Decision Date:	07/30/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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 64-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 23, 2003. In a Utilization Review report dated June 9, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced an RFA form received on June 3, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated May 28, 2015, difficult to follow, not entirely legible. The applicant reported ongoing complaints of low back pain radiating to the right lower extremity. The attending provider referenced a lumbar MRI demonstrating multilevel disc bulges in 3 mm range between L2 and L5 levels. Positive right-sided strength was appreciated with some right great toe weakness evident. Lumbar epidural injection was endorsed while the applicant was placed off of work, on total temporary disability. The note was sparse, thinly developed, and did not clearly state whether the applicant had or had not had previous lumbar epidural steroid injections or not. In an earlier handwritten note dated March 31, 2015, the applicant was given a corticosteroid injection to the groin under sterile condition. A lumbar epidural steroid injection was sought while the applicant was placed off of work, on total temporary disability. On April 21, 2015, the applicant was placed off of work, on total temporary disability owing to ongoing complaints of low back pain radiating to the right leg. Epidural steroid injection therapy was again sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Lumbar: Upheld

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

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 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 stipulates that radiculopathy should be collaborated by imaging studies and/or electrodiagnostic testing. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvements with earlier blocks. Here, however, the attending provider's handwritten note of May 28, 2015 was difficulty to follow, sparse, thinly developed, not entirely legible, and did not clearly state whether the applicant had or not had profited from previous epidural steroid injections (if any) in terms of the functional improvements measures established in MTUS 9792.20e. Therefore, the request was not medically necessary.