

Case Number:	CM15-0120602		
Date Assigned:	07/08/2015	Date of Injury:	11/08/2013
Decision Date:	08/11/2015	UR Denial Date:	06/05/2015
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 68-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 8, 2013. In a Utilization Review report dated June 5, 2015, the claims administrator modified a request for an epidural steroid injection at L3 under sedation to an epidural steroid injection without sedation. It was not clearly stated whether the applicant had or had not had prior epidural steroid injection therapy. The claims administrator referenced a progress note dated June 2, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated April 15, 2015, the applicant reported ongoing complaints of low back pain radiating into the calf. The applicant had had one prior steroid injection in the preceding year, the treating provider acknowledged. A highly variable 2-5/10 pain complaints were noted. The applicant was on Norco for pain relief. The attending provider stated that the applicant would be unable to bathe or sleep without his medications. The applicant had received recent radiofrequency ablation procedures, it was noted. The applicant was using Norco and Flexeril, it was stated in another section of the note. The attending provider acknowledged that the applicant had tested positive for marijuana in the most recent set of urine drug tests. The attending provider acknowledged that the applicant had had a previous lumbar epidural steroid injection on April 30, 2014 with "minimal relief." Norco, Flexeril, drug testing, work restrictions, and SI injections were sought. It was not clearly stated whether the applicant was or was not working with said limitations in place. On June 2, 2015, the applicant reported ongoing complaints of low back pain, 5-7/10. The attending provider stated that the applicant would be unable to perform activities of daily living as basic as bending

without his medications. The applicant was on Norco and Flexeril for pain relief. Hyposensorium about the legs was reported. The applicant was again described as having received earlier epidural steroid injection on April 30, 2014. A lumbar epidural steroid injection was sought. Norco and Flexeril were renewed. Work restrictions were likewise renewed, seemingly unchanged from the preceding visit. It was not explicitly stated whether the applicant was or was not working with said limitations in place. The applicant's psychiatric issue was notable for depression. There was, however, no explicit mention of the applicant's having issues with anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection at bilateral L3 with moderate sedation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Epidural steroid injections (ESIs).

Decision rationale: No, the request for a lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request was framed as a renewal or extension request for epidural steroid injection therapy. 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, work restrictions were renewed, seemingly unchanged, on June 2, 2015, despite receipt of at least one prior epidural steroid injection in 2014. Receipt of earlier epidural steroid injection (s) had failed to curtail the applicant's dependence on opioid agents such as Norco, which the applicant was still using on June 2, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier epidural steroid injection therapy. The MTUS does not address the topic of sedation. However, ODG's Chronic Pain Chapter Epidural Steroid Injections topic notes that unnecessary usage of sedation during epidural steroid injection therapy is less than ideal. Routine usage of sedation is not recommended, per ODG, except for applicants with anxiety. Here, the attending provider, while reporting issues with depression on June 2, 2015, did not explicitly state that the applicant was having issues with anxiety, which would have compelled the sedation component of the request. Since both the sedation component of the request and the epidural steroid injection itself were not indicated, the request was not medically necessary.