

Case Number:	CM15-0121757		
Date Assigned:	07/02/2015	Date of Injury:	07/18/2013
Decision Date:	08/04/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/23/2015

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 54-year-old who has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of July 18, 2013. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve a request for right L5-S1 epidural steroid injection. The claims administrator referenced an RFA form received on June 11, 2015 in its determination. The claims administrator stated that the applicant did not have radiographically corroborated radiculopathy. Somewhat incongruously, the claims administrator then referenced lumbar MRI imaging of January 30, 2015 which did demonstrate deformation and/or effacement of the L5-S1 nerve roots. The claims administrator did not state whether the applicant had or had not had prior epidural steroid injection therapy or not. A May 5, 2015 progress note was referenced in the determination. On May 4, 2015, the applicant reported ongoing complaints of low back pain, moderate-to-severe, exacerbated by sitting, standing, walking, kneeling, pushing, and bending. Radiation of pain to legs was reported. The applicant was on Flexeril, tramadol, Ativan, Zoloft, Neurontin, it was acknowledged. The attending provider documented the absence of gross motor deficits on neurologic exam. The attending provider stated that the applicant had a large disk herniation at the L5-S1 level noted on historical lumbar MRI imaging of April 23, 2013 which had shrunk to 4 mm in size on a January 13, 2015 lumbar MRI. The applicant was in the process of applying for Social Security Disability Insurance (SSDI), it was reported. The applicant was receiving State Disability Insurance (SDI), it was acknowledged. The applicant was pending spine surgery. A handicapped placard was endorsed. Epidural steroid injection therapy was sought while the applicant was

placed off of work, on total temporary disability. The attending provider acknowledged that the applicant had received three previous epidural steroid injections including, most recently, on March 27, 2014. Lumbar MRI imaging dated January 30, 2015 was notable for moderate left and mild-to-moderate right-sided neuroforaminal narrowing with deformation of the bilateral L5 nerve root with some effacement of the left S1 nerve root also appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI at Right L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

Decision rationale: No, the request for an L5-S1 lumbar epidural steroid injection is not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the purposes of epidural steroid injection therapy is to avoid surgery. Here, however, the attending provider reported on May 4, 2015 that the applicant had failed conservative therapy and that surgical intervention was indicated. The attending provider also noted that the applicant had had three prior lumbar epidural steroid injections but had failed to profit from the same. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, stipulates that pursuit of repeat steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant was off of work, on total temporary disability, as of the May 4, 2015 progress note at issue. The applicant was having difficulty performing activities of daily living as basic as bending, lifting, sitting, standing, and walking, it was further noted at that point. The applicant was still dependent on a variety of analgesic and adjuvant medications to include Flexeril, Ultram, Neurontin, etc., it was acknowledged at that point in time. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple prior lumbar epidural steroid injection therapies. Therefore, the request for repeat epidural steroid injection at L5-S1 is not medically necessary.