

Case Number:	CM15-0126471		
Date Assigned:	07/17/2015	Date of Injury:	07/29/2010
Decision Date:	08/13/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/19/2015

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 29, 2010. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve a request for a cortisone injection to the low back. The claims administrator framed the request as a request for a repeat trigger point injection. The claims administrator referenced an RFA form dated April 11, 2015 and an associated progress note of the same date in its determination. On an RFA form dated April 14, 2015, a multimodality transcutaneous electrotherapy device, a functional capacity evaluation, a follow-up visit, a spine surgery consultation, and six sessions of acupuncture were endorsed. In an associated progress note of April 14, 2015, the applicant reported multifocal complaints of low back, neck, and shoulder pain. The applicant had received two epidural steroid injections, the treating provider reported. A third epidural injection was pending, it was incidentally noted. The applicant had apparently alleged multifocal pain complaints secondary to cumulative trauma at work, it was reported. MRI imaging of the bilateral shoulders, acupuncture, a spine surgery consultation, electrodiagnostic testing, an orthopedic evaluation, and a topical compounded agent were endorsed. The applicant was apparently placed off of work for 30 days, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone Injection to low back: Upheld

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

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

Decision rationale: No, the request for a cortisone injection to the low back is not medically necessary, medically appropriate, or indicated here. The request was ambiguous but, based on the provided documentation, appeared to represent a request for a repeat epidural steroid injection. The applicant had had two prior epidural steroid injections; it was reported on April 14, 2015. The applicant was nevertheless placed off of work, on total temporary disability, on that date. The applicant remained dependent on numerous other forms of medical treatment, to include topical compounds, acupuncture, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of two prior epidural steroid injections. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates, however, that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Such improvement was, however, absent here. Therefore, the request is not medically necessary.