

Case Number:	CM15-0127080		
Date Assigned:	07/13/2015	Date of Injury:	04/05/2010
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/01/2015

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 52-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 5, 2010. In a Utilization Review report dated June 16, 2015, the claims administrator failed to approve a request for lumbar epidural steroid injection. The claims administrator referenced an RFA form dated June 11, 2015 in its determination, along with a progress note dated February 11, 2015. The claims administrator did not incorporate any guidelines to the rationale but stated, at the bottom of the report, that the decision was based on non-MTUS Third Edition ACOEM Guidelines. The claims administrator stated that the diagnosis of lumbar radiculopathy was not radiographically established. The applicant's attorney subsequently appealed. In a Qualified Medical Evaluation dated April 7, 2015, the applicant reported ongoing complaints of neck, shoulder, and low back pain. The applicant was no longer working and had last worked on April 10, 2010, it was reported. The medical-legal evaluator referenced lumbar MRI imaging demonstrating extensive degenerative changes, most prominent at L5-S1, and multilevel disk bulging of uncertain clinical significance. The applicant was on Levoxyl, Lexapro, Celebrex, Xanax, and Sudafed, it was reported. The medical-legal evaluator kept the applicant off of work, on total temporary disability. Epidural steroid injection therapy under fluoroscopy was recommended for the lumbar spine region. On February 11, 2015, the applicant reported ongoing complaints of shoulder, neck, and low back pain. The applicant had received epidural steroid injections in the past, it was reported. The applicant remained on Celebrex, Xanax, and Lexapro, it was reported. The applicant was described as "completely disabled." Both cervical and lumbar epidural steroid injections were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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. The request was framed as a repeat epidural steroid injection request on a progress note of February 11, 2015, at which point it was acknowledged that the applicant had received multiple prior lumbar epidural steroid injections through a prior treating provider. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection therapy should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant remained off of work, it was acknowledged both by the applicant's treating provider and by a medical-legal evaluator. The treating provider noted that the applicant was completely disabled on a progress note dated February 11, 2015. The medical-legal evaluator also noted on April 7, 2015 that the applicant remained off of work, on total temporary disability, and also noted that the applicant had not worked since April 2010. The applicant remained dependent on a variety of analgesic and anxiolytic medications, including Celebrex and Xanax. 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. Therefore, the request for a repeat lumbar epidural steroid injection was not medically necessary.