

Case Number:	CM15-0161528		
Date Assigned:	08/27/2015	Date of Injury:	08/30/2002
Decision Date:	12/21/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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 44-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 30, 2002. In a Utilization Review report dated July 23, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced a June 6, 2015 office visit in its determination. The applicant received a prior epidural steroid injection on April 13, 2015, the claims administrator contended. On said July 16, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the left leg. The attending provider contended the applicant had derived three months of analgesia with the prior epidural block. A repeat epidural block was sought. The applicant's medication list was not detailed. The applicant was kept off of work, the treating provider noted, deeming the applicant "unemployed," it was reported at the bottom of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left S1 lumbar epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: No, the request for a left S1 epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for repeat steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was deemed "unemployed," it was reported on July 6, 2015. The applicant was seemingly kept off work on that dated, the treating provider suggested. While the treating provider suggested the applicant derived several months of analgesia as a result of the earlier epidural injection, this report was, however, outweighed by the applicant's failure to return to work. The treating provider did not, it is further noted, outline the applicant's medications on July 6, 2015. The attending provider failed to establish evidence of a reduction in medication consumption effected as a result of the prior epidural steroid injection. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior lumbar epidural steroid injection. Therefore, the request for a repeat epidural steroid injection was not medically necessary.