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| Case Number: | CM15-0170325 | | |
| Date Assigned: | 09/10/2015 | Date of Injury: | 02/27/2007 |
| Decision Date: | 10/15/2015 | UR Denial Date: | 07/29/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

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 62-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 27, 2007. In a Utilization Review report dated July 29, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced a July 13, 2015 office visit in its determination. The claims administrator contended that the applicant had failed to profit from an earlier epidural steroid injection. The applicant's attorney subsequently appealed. On July 13, 2015, the applicant reported ongoing complaints of low back pain radiating to left lower extremity, 7/10. The applicant was on Norco and Skelaxin for pain relief. It was stated that the applicant was off of work. Norco and Skelaxin were endorsed while the applicant was seemingly kept off of work. On June 15, 2015, it was acknowledged that the applicant was not working. Sitting, standing, and walking all remained problematic, the treating provider reported. On May 18, 2015, Norco and Skelaxin were renewed. Once again, it was acknowledged that the applicant was not, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection L3-L4, L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 request for a repeat epidural 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 off of work, it was reported on multiple office visits, referenced above, throughout 2015. The applicant remained dependent on opioid agents such as Norco and non-opioid agents such as Skelaxin. Pain complaints as high as 7/10 were reported on July 13, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite report of receipt of earlier epidural steroid injection(s). Therefore, the request for a repeat injection was not medically necessary.