

Case Number:	CM15-0173595		
Date Assigned:	09/15/2015	Date of Injury:	09/16/2014
Decision Date:	10/22/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/03/2015

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 38-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 16, 2014. In a Utilization Review report dated August 24, 2015, the claims administrator failed to approve requests for a lumbar epidural steroid injection with associated facet blocks at the L4-L5 and L5-S1 levels. The claims administrator referenced an RFA form received on August 6, 2015 and an associated progress note of July 27, 2015 in its determination. The claims administrator contended that the applicant had had a prior epidural steroid injection in June 2015. The applicant's attorney subsequently appealed. On May 27, 2015, the applicant received a sacroiliac joint injection. On March 11, 2015, the applicant reported ongoing complaints of low back pain radiating into the left lower extremity. The applicant had received prior L5-S1 lumbar facet block, it was reported. The applicant continued to report severe pain complaints. The applicant was on Motrin for pain relief. The applicant was given diagnosis of sacroiliitis with L5 pars defect. The applicant was asked to pursue a trigger point injection. The applicant's work status was not detailed. On June 29, 2015, the applicant reported ongoing complaints of low back pain with attendant inconsistent sciatic symptoms, it was reported. The applicant was apparently considering spine surgery, it was reported. The attending provider acknowledged that the applicant had failed several prior epidural steroid injections, including those of February 3, 2015 and June 12, 2015. The attending provider contended that prior epidural steroid injection had in fact proven unsuccessful and that the applicant was considering spine surgery. The applicant was off work, on total temporary

disability, it was reported on several sections of the note. The applicant was asked to follow up with his surgeon. On August 24, 2015, it was reiterated that the applicant was off work and had issues with questionably controlled diabetes. It was again stated that earlier epidural steroid injection had failed to help the applicant. On July 27, 2015, it was acknowledged that the applicant remained off of work. The treating provider acknowledged that the applicant had failed to profit from earlier epidural steroid injections and also acknowledged that it was unlikely that the applicant would stand to gain from further epidural injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection At L4-5, L5-S1 Facet Block, Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: No, the request for a lumbar epidural steroid injection with associated facet block under fluoroscopic guidance was not medically necessary, medically appropriate, or indicated here. The request in question 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 blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off work, on total temporary disability, it was reported on June 12, 2015 and on August 24, 2015. The attending provider reported on multiple occasions that previous epidural steroid injections had proven unsuccessful. The attending provider stated on July 27, 2015 that he did not believe further epidural steroid injection therapy would be beneficial. The applicant remained dependent on other forms of medical treatment to include medications such as Flexeril, it was acknowledged. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior lumbar epidural steroid injections. The epidural steroid injection component of the request was not, thus, indicated. Similarly, the facet block component of the request was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, facet joint injections, i.e., the article at issue, are deemed "not recommended." Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of facet joint injections in the face of the unfavorable ACOEM position on the same and likewise failed to furnish a clear or compelling rationale for pursuit of epidural steroid injection therapy in the face of the applicant's failure to profit from earlier epidural steroid injection(s) in terms of the functional improvement parameters established in MTUS 9792.20e. Therefore, the request was not medically necessary.