

Case Number:	CM15-0173679		
Date Assigned:	09/15/2015	Date of Injury:	11/24/2014
Decision Date:	10/22/2015	UR Denial Date:	08/18/2015
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 35-year-old who has filed a chronic low back and neck pain reportedly associated with an industrial injury of November 24, 2014. In a Utilization Review report dated August 18, 2015, the claims administrator partially approved requests for three lumbar and three cervical epidural steroid injections as one lumbar and one cervical epidural steroid injection apiece. A July 9, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated August 11, 2015, the attending provider did in fact seek authorization for a series of three lumbar epidural steroid injections and a series of three cervical epidural steroid injections. In an associated handwritten progress note dated July 9, 2015, difficult to follow, not entirely legible, the applicant apparently reported multifocal complaints of low back and neck pain with upper extremity radicular pain complaints. Robaxin, Neurontin, urine drug testing, trigger point injections, and the epidural steroid injection at issue were sought. The applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Epidural Injection under Fluoroscopic Guidance 1x3: 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): Epidural steroid injections (ESIs).

Decision rationale: No, the request for three lumbar epidural steroid injections was not medically necessary, medically appropriate, or indicated here. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates, rather, that pursuit of repeat injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, thus, the request for a series of three injections without a proviso to reevaluate the applicant between each injection so as to assess for the presence or absence of functional improvement with the same, thus, was at odds with page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Cervical Spine Epidural Injection under Fluoroscopic Guidance 1x3: 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): Epidural steroid injections (ESIs).

Decision rationale: Similarly, the request for three consecutive cervical epidural steroid injections was likewise not medically necessary, medically appropriate, or indicated here. As with the preceding request, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines notes that current researches does not support a series of three epidural steroid injections in either the diagnostic or therapeutic phase of treatment. Rather, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines suggests reserving repeat epidural blocks for those individuals who demonstrate lasting analgesia and functional improvement with the same. Here, thus, the request, as written, was at odds with page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.