

Case Number:	CM15-0174256		
Date Assigned:	09/16/2015	Date of Injury:	09/03/2009
Decision Date:	10/23/2015	UR Denial Date:	08/17/2015
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 [REDACTED] beneficiary who has filed a claim for chronic low pain (LBP) reportedly associated with an industrial injury of September 3, 2009. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced an RFA form dated August 6, 2015 and associated progress notes of July 22, 2015 and July 24, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 22, 2015, a lumbar epidural steroid injection was sought. In an associated progress note dated July 24, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant had undergone at least one prior epidural steroid injection in 2012, it was reported. The applicant had also undergone a failed lumbar spine surgery, it was acknowledged. Ongoing complaints right lower extremity paresthesia was reported. The applicant was on Tylenol No. 3, Prilosec, Motrin, Neurontin, and Naprosyn, it was acknowledged. The applicant continued to smoke. The applicant was not currently employed, it was acknowledged. Repeat epidural steroid injection was seemingly sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection right L4-5: 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 right L4-L5 epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for a repeat epidural steroid injection, the treating provider reported on July 24, 2015. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that a pursuit of repeat epidural steroid injection therapy predicated evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was no longer working, it was acknowledged on July 24, 2015. The applicant remained dependent on a variety of opioids and non-opioids agents to include Tylenol No. 3, Neurontin, Motrin, Naprosyn, etc., it was reported on that date. 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 repeat injection was not medically necessary.