

Case Number:	CM15-0176303		
Date Assigned:	09/17/2015	Date of Injury:	03/09/2012
Decision Date:	10/29/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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 claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 9, 2012. In a utilization review report dated August 26, 2015, the claims administrator failed to approve a request for two epidural steroid injections at the L4-L5 level. The claims administrator referenced an August 7, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said August 7, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was on Advil for the same. The applicant reportedly had disc degeneration and/or disc bulge at the L4-L5 level. 5/5 lower extremity motor function was reported. The applicant's work status was not furnished. Two consecutive epidural steroid injections were seemingly sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar transforaminal epidural steroid injection L4-5 times 2: 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 a bilateral lumbar epidural steroid injection at L4-L5 x2 was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that pursuit of repeat injection should be predicated on evidence of lasting analgesia or functional improvement with earlier blocks. Here, however, the request for two consecutive epidural steroid injections without a proviso to reevaluate the applicant after the first injection before moving forward with a second injection, thus, was at odds with the stipulation set forth on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to base repeat injections on the claimant's response to the preceding injection. Therefore, the request was not medically necessary.