

Case Number:	CM15-0046502		
Date Assigned:	03/18/2015	Date of Injury:	05/24/2013
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/11/2015

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 54-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 24, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and earlier L4-L5 lumbar discectomy-laminectomy surgery. In a Utilization Review Report dated February 10, 2015, the claims administrator failed to approve request for a transforaminal epidural steroid injection at L4-L5 as well as a pulsed radiofrequency ablation procedure under moderate sedation. A February 4, 2015 RFA form and associated January 27, 2015 office visit were referenced in the determination. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported ongoing complaints of low back pain radiating into bilateral lower extremities, 5-8/10. The applicant had had previous epidural steroid injections in the past, it was acknowledged. The applicant was on tramadol for pain relief, it was acknowledged. The applicant's BMI was 35. Positive facet loading was appreciated with slightly limited lumbar range of motion. Some dysesthesias were noted about the thighs. The applicant had had epidural steroid injections in 2011, it was stated. The applicant was returned to regular duty work. The attending provider suggested that the applicant had disk herniation and spinal stenosis evident on lumbar MRI imaging. The applicant was asked to return to regular duty work and pursue an epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection for Left L4-L5 Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Pain Chapter, Criteria for use of facet joint radiofrequency neurotomy, Criteria for use of diagnostic blocks for facet "mediated" pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: 1. Yes, the proposed transforaminal epidural steroid injection was medically necessary, medically appropriate, and indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant has apparently returned to and maintained full-time work status following receipt of prior epidural steroid injection, the treating provider has contended. The applicant was reportedly intent on employing the proposed steroid injection as a means of avoiding lumbar spine surgery. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that one of the stated purposes of epidural steroid injection therapy is, in fact, "avoiding surgery". Moving forward with a repeat injection, thus, was indicated. Therefore, the request is medically necessary.

Pulse Radiofrequency and Moderate Sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, Pain Chapter, Sedation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pulsed radiofrequency treatment (PRF) Page(s): 102.

Decision rationale: 2. Conversely, the request for pulsed radiofrequency treatment under moderate sedation was not medically necessary, medically appropriate, or indicated here. As noted on page 102 of the MTUS Chronic Pain Medical Treatment Guidelines, pulsed radiofrequency ablation procedures are not recommended in the chronic pain context present here. Page 102 of the MTUS Chronic Pain Medical Treatment Guidelines notes that pulsed radiofrequency treatment is not an ideal modality for lumbar radicular pain, i.e., the primary operating diagnosis here. The attending provider did not furnish a clear, compelling, or cogent applicant-specific rationale, which would offset the unfavorable MTUS position on the article at issue for the diagnosis in question. Therefore, the request is not medically necessary.