MAXIMUS Federal Services

Case Number:	CM15-0069746		
Date Assigned:	04/17/2015	Date of Injury:	03/19/2014
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/13/2015

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] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 19, 2014. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection at L4-L5 and L5-S1 with IV sedation. The claims administrator noted that the applicant had had four previous epidural steroid injections. The claims administrator suggested that the applicant had failed to profit from the previous epidural blocks. A February 27, 2015 RFA form and associated progress note were referenced in the determination. The applicant's attorney subsequently appealed. On March 10, 2015, the applicant reported ongoing complaints of low back and shoulder pain. The applicant's medications included Plaquenil, lidocaine patches, Biofreeze gel, Prilosec, tramadol, and Lodine, it was acknowledged. The applicant was placed off of work for the remainder of the shift and asked to return to work with a 10-pound lifting limitation the following day. In a RFA form dated February 27, 2015, lumbar epidural steroid injection was proposed. In an associated progress note of February 22, 2015, the applicant was given refills of Tylenol No. 3 and Lodine. It was stated that sedation was being proposed owing to accounts that the applicant was scared of needles. The applicant reported that sitting, standing, and bending remained problematic. In an earlier note dated January 15, 2015, the applicant was again asked to pursue a repeat epidural steroid injection. The applicant was apparently working with the same, unchanged, 10-pound lifting limitation, it was acknowledged. Standing and walking remained somewhat problematic, the treating provider reported. In a December 24, 2014 progress note, the 10-pound lifting

limitation in question was again renewed. A Toradol injection was administered while Tylenol No. 3 and Lodine were also renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural injection lumbar spine, at L4-L5 and L5-S1 with IV sedation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

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

Decision rationale: No, the request for a lumbar epidural steroid injection at L4-L5 and L5-S1 with IV sedation was not medically necessary, medically appropriate, or indicated here. As acknowledged by the treating provider and claims administrator, the request in question represents a repeat lumbar epidural steroid injection. The applicant has had four previous epidural steroid injections, it has been suggested. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant did not appear to be demonstrating ongoing evidence of functional improvement as defined in MTUS 9792.20f, despite the multiple prior blocks. The applicant remained dependent on opioid agents such as Tylenol No. 3 and non-opioid agents such as Lodine. The applicant's 10-pound lifting limitation has essentially been renewed, unchanged, from visit to visit. All of the foregoing, taken together, suggested a lack of ongoing functional improvement as defined in MTUS 9792.20f needed to justify repeat epidural steroid injection therapy. Therefore, the request was not medically necessary.