MAXIMUS Federal Services

Case Number:	CM15-0069767		
Date Assigned:	04/17/2015	Date of Injury:	09/21/1993
Decision Date:	05/19/2015	UR Denial Date:	04/06/2015
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 73-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 21, 1993. In a Utilization Review report dated April 6, 2015, the claims administrator failed to approve a request for four epidural steroid injections. The applicant's personally appealed, in a handwritten note dated April 9, 2015. The applicant stated that she had several bulging disks. The applicant reported severe residual back and leg pain. The applicant did not indicate whether she had or had not had previous injections. In a January 15, 2015 letter, multiple epidural steroid injections were proposed. Order forms of March 2, 2015 and January 22, 2015 also suggested that the applicant could have up to four epidural steroid injections annually. In a progress note dated March 2, 2015, the applicant reported 8/10 low back pain radiating to the bilateral lower extremities. The applicant was not a surgical candidate, it was noted. The applicant was receiving Coumadin. The applicant had had lumbar epidural steroid injections as recently as February 16, 2015 and January 6, 2014, it was acknowledged. The applicant was also status post earlier cervical spine surgery, it was noted. The attending provider suggested that the applicant receive up to four epidural steroid injections. The applicant's work status was not furnished, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four lumbar epidural steroid injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: No, the request for four lumbar epidural steroid injections was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, less than two epidural steroid injections, on average, are required for a successful ESI outcome. Thus, the request for four epidural steroid injections, in effect, represents treatment in excess of MTUS parameters. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that current research does not support a series of three injections in either the diagnostic or therapeutic phase of treatment. By analogy then, the series of four injections proposed here was not likewise supported as page 46 of the MTUS Chronic Pain Medical Treatment Guidelines suggests basing the decision to pursue repeat blocks and evidence of lasting analgesia and functional improvement with earlier blocks. Here, thus, the request for four epidural steroid injections runs counter to principles and parameters articulated on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.