

Case Number:	CM15-0070078		
Date Assigned:	04/17/2015	Date of Injury:	12/21/2012
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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 40-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 21, 2012. In a Utilization Review report dated March 30, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. A March 23, 2015 RFA and March 6, 2015 progress note were referenced in the determination. It was stated that the applicant had undergone an earlier epidural steroid injection on January 12, 2015 but had failed to profit from the same. The applicant's attorney subsequently appealed. On September 19, 2014, the applicant reported ongoing complaints of low back pain. The applicant was status post earlier epidural steroid injection therapy on May 7, 2013, it was acknowledged. The applicant had also undergone an earlier lumbar discectomy surgery and trigger point injection therapy. The applicant was asked to remain off of work, on total temporary disability. Lumbar MRI imaging was also proposed. On March 23, 2015, a repeat epidural steroid injection was proposed while Norco, Zanaflex, and Motrin were renewed. Once again, the applicant was placed off of work, on total temporary disability. The applicant was obese, with BMI of 33. 5/10 pain was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injection (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 was not medically necessary, medically appropriate, or indicated here. The request in question represents a request for a repeat epidural steroid injection as the applicant has had at least two prior epidural steroid injections over the course of the claim. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, March 23, 2015. The applicant remained dependent on opioid agents such as Norco and non-opioid agents such as Motrin and Zanaflex. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 97972.20f, despite receipt of at least two prior epidural steroid injections. Therefore, the request for a repeat epidural steroid injection at L5-S1 was not medically necessary.