

Case Number:	CM15-0071474		
Date Assigned:	04/21/2015	Date of Injury:	03/13/1996
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/15/2015

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 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 30, 1996. In a Utilization Review report dated March 18, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced a RFA form received on March 11, 2015 in its determination, as well as a progress note of March 4, 2015. The claims administrator stated that the applicant had had a previous epidural steroid injection on October 24, 2014. The applicant's attorney subsequently appealed. On April 9, 2015, the applicant reported ongoing complaints of low back pain radiating into the right lower extremity. Weakness about the right leg was reported. The applicant was severely obese, with BMI of 44. The applicant's medication list included MiraLax, Neurontin, Prilosec, vitamins, Zanaflex, Lidoderm, Norco, OxyContin, Ambien, Ativan, Provigil, testosterone, Humira, Lidex, Abilify, Bystolic, Lexapro, aspirin, and Flexeril, it was reported. The applicant had various psychiatric comorbidities. The applicant had undergone earlier failed lumbar laminectomy surgery, it was acknowledged. Multiple medications were refilled. On March 12, 2015, the applicant's spine surgeon stated that he would not consider further spine surgery, given the seeming failure of previous surgical intervention. In a Medical-legal Evaluation dated September 7, 2006, it was acknowledged that the applicant was off of work and had not worked since 1997.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Transforaminal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural Steroid Injections.

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

Decision rationale: No, the request for an epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question does represent a repeat epidural steroid injection as the applicant had had a previous lumbar epidural steroid injection on October 24, 2014. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work and had not worked since 1997; it was suggested on a Medical-legal Evaluation of September 7, 2006. The applicant remained dependent on a variety of opioid and non-opioid agents, including OxyContin, Norco, Neurontin, Zanaflex, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier Epidural Steroid Injections. Therefore, the request was not medically necessary.