

Case Number:	CM15-0074959		
Date Assigned:	04/24/2015	Date of Injury:	03/18/2011
Decision Date:	05/22/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/20/2015

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 58-year-old who has filed a claim for chronic neck, shoulder, hand, and low back pain reportedly associated with industrial injury of March 18, 2011. In a Utilization Review report dated April 6, 2015, the claims administrator failed to approve a request for lumbar epidural steroid injection. The claims administrator referenced office visits of March 19, 2015 and March 20, 2015 in its determination. The applicant's attorney subsequently appealed. On February 13, 2015, the applicant reported ongoing complaints of neck, bilateral wrist, bilateral shoulder, low back, right hip, and right leg pain. The applicant was on Naprosyn and tramadol for pain relief. The applicant was working, it was acknowledged. Positive right-sided right leg raising was reported. The attending provider suggested that the applicant employ acupuncture for pain relief. It was stated that the applicant had failed previous epidural steroid injections on this occasion. On March 19, 2015, the applicant reported 7/10 low back pain radiating to the right leg. The applicant was asked to pursue epidural steroid injection therapy. Acupuncture, Lodine, and Ultracet were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection: Upheld

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

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 does represent a request for a repeat lumbar epidural steroid injection as the applicant has apparently had several prior injections; it was reported on a progress note of February 13, 2015. 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, while the applicant had returned to regular duty work, the applicant continued to report pain complaints as high as 7/10 as of March 19, 2015. The applicant remained dependent on various analgesic medications, including Ultracet, tramadol, Lodine, etc. The applicant's attending provider wrote on February 13, 2015 that earlier epidural steroid injections had failed. It was not clearly established, thus, why a repeat epidural steroid injection therapy was being sought in the face of the applicant's seemingly unfavorable response to earlier ESI therapy. Therefore, the request was not medically necessary.