

Case Number:	CM15-0078445		
Date Assigned:	04/29/2015	Date of Injury:	01/14/1999
Decision Date:	05/28/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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 66-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 4, 1999. In a Utilization Review report dated March 24, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection with associated fluoroscopic guidance. The claims administrator referenced a February 9, 2015 progress note in its determination. The claims administrator contended that the applicant had had an earlier epidural steroid injection at an unspecified point in time, without profit. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant reported ongoing complaints of low back, wrist, and hip pain. Epidural steroid injection therapy was sought, along with drug testing, a functional capacity evaluation, x-rays, electro diagnostic testing, laboratory testing, and psychometric testing. The attending provider suggested that he was intent on pursuing up to four epidural steroid injections annually. The applicant's work status was not furnished. The applicant was really obese, with a BMI of 36. The applicant was still smoking a pack a day, it was acknowledged. 6/10 pain complaints were reported. The applicant was apparently using Norco and Klonopin through another provider, it was further noted. The applicant's work status was likewise not detailed on office visits of October 16, 2014 or September 23, 2014. Standing and walking remained problematic; it was reported on those dates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection with fluoroscopy at right L4-L5 and L5-S1, transforaminal right L4 and L5: Upheld

Claims Administrator guideline: Decision based on MTUS 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 a lumbar epidural injection under fluoroscopic guidance at the L4-L5 and L5-S1 levels was not medically necessary, medically appropriate, or indicated here. As acknowledged by the treating providers and claims administrator, the request in question was, in fact, a request for a repeat epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant's work status was not outlined on several progress notes, referenced above, suggesting that the applicant had not, in fact, returned to work. The applicant remained dependent on opioid agents such as Norco and benzodiazepine agents such as Klonopin, despite receipt of earlier epidural steroid injections in unspecified amounts over the course of the claim. The applicant continued to report difficulty performing activities of daily living as basic as standing and walking. The applicant was seemingly quite immobile, resulting in a BMI of 36, the treating provider reported. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified injection(s) over the course of the claim. Therefore, the request was not medically necessary.