

Case Number:	CM15-0095650		
Date Assigned:	05/22/2015	Date of Injury:	08/06/2013
Decision Date:	06/25/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/18/2015

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 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 16, 2013. In a Utilization Review report dated April 24, 2015, the claims administrator denied bilateral L5 transforaminal epidural steroid injection with associated moderate sedation. The claims administrator denied right and left L5 epidural steroid injections with associated sedation. A March 10, 2015 order form was referenced in the determination. The claims administrator framed the request as a request for repeat epidural steroid injection. The claims administrator stated that the applicant had had an earlier epidural steroid injection on June 18, 2014. The applicant's attorney subsequently appealed. On March 6, 2015, the applicant reported ongoing complaints of low back pain radiating into the bilateral legs, right greater than left, 5/10. The applicant had a past medical history notable for hypertension, anemia, asthma, migraine headaches, and fibromyalgia. The applicant's medications include Maxalt and Inderal. Hyposensorium about the right leg was appreciated on exam. The applicant had had two prior epidural steroid injections in 2013 and 2014, it was acknowledged. A repeat epidural steroid injection was sought. The attending provider stated that the applicant had failed Neurontin, Lyrica, and Topamax. The attending provider stated that the applicant's prognosis was troublesome. The applicant was not working with permanent restrictions in place; it was suggested (but not clearly stated). The attending provider suggested that the applicant was trying to find an alternate position elsewhere. Standing remained problematic, it was reported. The applicant was using Maxalt and Inderal; it was stated in another section of the note. Ultimately, the applicant's permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (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 bilateral L5 transforaminal epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for a repeat epidural steroid injection, as the applicant had had prior epidural steroid injections in 2013 and 2014. 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, it was suggested on March 6, 2015. Permanent work restrictions were renewed, seemingly unchanged from visit to visit. The attending provider stated that the applicant's prognosis remained bothersome as of a progress note dated March 5, 2015. Activities of daily living as basic as standing and walking were problematic; it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e. Section 9792.20e defines functional improvement as a clinically significant improvement in activities of daily living or a reduction of work restrictions and a restriction in the dependency on continuing medical treatment. Here, however, the applicant was dependent on medical treatment as of March 6, 2015. The applicant was using at least two medications on that date. It was suggested that the applicant might need referral to a surgeon on that date. The applicant's permanent work restrictions were unaltered from visit to visit. It did not appear, in short, that the two prior epidural steroid injections generated functional improvement as defined in section 9792.20e. Therefore, the request for repeat epidural steroid injection was not medically necessary.

Moderation sedation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

