

Case Number:	CM13-0007714		
Date Assigned:	12/18/2013	Date of Injury:	04/03/2003
Decision Date:	05/12/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/07/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 has filed a claim for chronic low back pain and morbid obesity reportedly associated with an industrial injury of April 3, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; gastric bypass surgery in September 2010; transfer of care to and from various providers in various specialties; earlier epidural steroid injection therapy in unspecified numbers, including most recently May 2013; and topical agents. In a Utilization Review Report of July 24, 2013, the claims administrator denied a request for repeat epidural steroid injection therapy, stating that the attending provider did not establish presence of functional improvement with prior blocks. The applicant's attorney subsequently appealed. An earlier progress note of July 16, 2013 was notable for comments that the applicant reported persistent low back pain radiating to the left leg. It is stated that the applicant has been told that he is a candidate for fusion surgery. It is stated that the medications were providing the applicant with partial pain relief and that the earlier lumbar epidural injection in May also provided some relief. Straight leg rising is positive. Decreased sensation is noted about the left lower extremity. The applicant is severely obese with a BMI of 31. A repeat epidural steroid injection was sought. The applicant was given refills of Duragesic, Flector, MiraLax, Neurontin, and Vicodin. The applicant's work status was not detailed on this visit, although it did not appear that he is working.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT SIDED TRANSFORAMINAL LUMBAR EPIDURAL INJECTION L3-4 UNDER FLUOROSCOPY AND ANESTHESIA.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of functional improvement with earlier blocks. In this case, however, there has been no such demonstration of improvement with earlier blocks. The applicant is seemingly off work. The applicant remains highly reliant on various opioid and nonopioid medications, including Duragesic, Vicodin, Flector, Neurontin, etc. The applicant is having difficulty performing basic activities of daily living, such as cooking and attending to personal hygiene. Pursuing repeat epidural steroid injection therapy, given the failure of earlier epidural steroid injections, is not indicated. Therefore, the request is not certified.