

Case Number:	CM13-0016999		
Date Assigned:	10/11/2013	Date of Injury:	04/28/2008
Decision Date:	01/08/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Preventative Medicine and 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 physician 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 is a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with industrial injury of April 28, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; attorney representation; transfer of care to and from various providers in various specialties; two prior epidural steroid injections in 2012; diagnosis of comorbid fibromyalgia; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with permanent work restrictions in place. In a utilization review report of July 17, 2013, the claims administrator denied the request for an epidural steroid injection. The applicant later appealed, on August 13, 2013. A later note of September 19, 2013 is notable for comments that the applicant reports 5/10 low back pain. The applicant has a pending spine surgery consultation. The applicant is using six Norco a day and one Flexeril a night. Refills of the same were issued. A surgical consultation is sought. The applicant is a former bus driver, it is noted. Other notes of July 11, 2013 and August 8, 2013 are notable for ongoing complaints of low back pain, reported limitation in performance of activities of daily living, and continued usage of analgesic and adjuvant medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient caudal epidural steroid injection (ESI) at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43-46. Decision based on Non-MTUS Citation 2010 Revision, Web Edition.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat blocks should be based on continued functional improvement. In this case, however, there is no seeming evidence of functional improvement effected through prior epidural steroid injection as defined by the parameters established in MTUS 9792.20f. The applicant's work status and work restrictions are unchanged from visit to visit. The applicant does not appear to have returned to work. The applicant continues to be increasingly reliant on various analgesic and adjuvant medications, including Norco and Flexeril. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f following completion of the prior injections. Therefore, the original utilization review decision is upheld.