

Case Number:	CM13-0018296		
Date Assigned:	11/06/2013	Date of Injury:	03/27/2012
Decision Date:	01/29/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/29/2013

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 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 an industrial injury of March 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; MRI imaging of lumbar spine on May 11, 2012, notable for multilevel degenerative changes and mild-to-moderate multilevel spinal stenosis of uncertain clinical significance; one prior epidural steroid injection; and extensive periods of time off of work. In a utilization review report of August 14, 2013, the claims administrator denied the request for second and third epidural steroid injections at L4-L5 and L5-S1. The applicant's attorney later appealed, on August 29, 2013. An earlier note of August 2, 2013 is notable for comments that the applicant is a former driver. The applicant continues to report low back pain. The applicant is limping. He is having difficulty walking. Limited range of motion and muscle spasm is noted. The applicant is asked to pursue further epidural steroid injection therapy. A rather proscriptive 5-pound lifting limitation is endorsed. It is implied, however, that the applicant is not in fact accommodated at work. An earlier note of March 27, 2012 again notes that the applicant has a rather proscriptive 5-pound lifting limitation in place. Finally, a September 18, 2013 note is again notable for low back pain radiating to the bilateral hips. Once again, a rather proscriptive 5-pound lifting limitation is endorsed. It is suggested that the applicant has not returned to work with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

2nd and 3rd lumbar epidural injection L4-L5, L5-S1: Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for repeat epidural steroid injections is concrete evidence of functional improvement following completion of prior epidurals. In this case, however, there is no clear evidence that the applicant has in fact demonstrated any clear evidence of functional improvement as defined in MTUS 9792.20f through prior epidural steroid injection therapy. The applicant has failed to return to work. A rather proscriptive 5-pound lifting limitation remains in place, unchanged, when compared against the previous visit of March 27, 2012, implying a lack of functional improvement as defined in MTUS 9792.20f. Continued epidural steroid injection therapy in this context is not indicated. It is further noted that the MTUS Chronic Pain Medical Treatment Guidelines endorse evaluating the efficacy of each block as opposed to pursuing a series of blocks. Therefore, the request is not certified.