MAXIMUS Federal Services

Case Number:	CM13-0019174		
Date Assigned:	03/26/2014	Date of Injury:	08/04/2000
Decision Date:	04/30/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

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 reportedly associated with an industrial injury of August 4, 2000. 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; prior lumbar laminectomy surgery; and extensive periods of time off of work. In a utilization review report of August 27, 2013, the claims administrator denied a request for an epidural steroid injection. The applicant's attorney subsequently appealed. In a progress note of January 14, 2014, the applicant is described as doing much worse. The applicant exhibits an antalgic. Limited lumbar range of motion is noted. The applicant is apparently still on OxyContin and is also asked for a trial of the hospital bed and additional physical therapy. The applicant states that the he was able to vacuum his house once a week after the intermittent epidural steroid injections and do grocery shopping, doing the dishes, and walking his dog. Positive straight leg rising was appreciated. It is again stated that the applicant has MRI findings which are consistent with an active radiculopathy. A new bed is also endorsed. In an earlier progress note of May 30, 2013, the attending provider acknowledged that earlier epidural steroid injection therapy was not curative. It was acknowledged that the applicant had had prior epidural steroid injections in the past. The attending provider stated that he was intent on continuing opioid therapy with OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LEFT L5 TRANSFORAMINAL EPIDURAL STEROID INJECTION: 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): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on evidence of functional improvement and analgesia with prior blocks. In this case, however, there is no evidence that the applicant has achieved any lasting gains or functional improvement with prior blocks. The applicant has seemingly failed to return to work. The applicant remains highly reliant on various treatments and medications, including OxyContin, implying that the prior blocks were not entirely successful and did not generate any lasting benefit. The improved performance of non-work activities of daily living that the attending provider attributes to the prior epidural blocks, including ability to perform household chores and walking the dog, appear marginal to minimal and are outweighed by the applicant's continued consumption of OxyContin and failure to return to work. Therefore, the request for repeat epidural block is not certified owing to a lack of functional improvement with prior blocks.