

Case Number:	CM13-0020405		
Date Assigned:	10/11/2013	Date of Injury:	05/22/2011
Decision Date:	01/03/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/05/2013

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.

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 patient is a 56 year old injured worker with a date of injury of 5/22/11, who has filed a claim for chronic low back pain. The patient has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties, unspecified amounts of acupuncture and physical therapy over the life of the claim. The patient had a MRI of the lumbar spine of May 2, 2013, notable for multilevel disk bulges, degenerative changes, and protrusions of uncertain clinical significance. Electrodiagnostic testing dated February 21, 2013, notable for diabetic polyneuropathy superimposed on bilateral S1 radiculopathy. The patient has had 10 prior lumbar epidural steroid injections over the life of the claim. Per the prior Utilization Review Report of August 27, 2013, the patient has had extensive periods of time off from work and is listed as total temporary disability. In a Utilization Review Report of August 27, 2013, the claims administrator denied a request for repeat epidural steroid injection, citing a lack of improvement with prior epidural injections. A recent clinical progress report of August 7, 2013, notes that the patient reports persistent low back pain radiating to the right lower extremity and is still having difficulty walking. The patient is presently using Norco, Flexeril, Klonopin, Zoloft, and insulin. Clinical notes reflect that the patient reports 10/10 pain, a slow and antalgic gait with the usage of a cane is noted, straight leg raising is positive and right lower extremity strength is scored at 4/5. Diminish sensorium is also noted. Neurontin was endorsed for pain relief. The patient is asked to remain off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections Page(s): 46.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does support epidural steroid injections in those individuals with clinically evident radiculopathy and is either radio graphically and/or electrodiagnostically confirmed. Additionally, the MTUS Chronic Pain Medical Treatment Guidelines explains that repeat blocks should be based on continued objective documented reduction in pain and functional improvement. The medical records provided for review does not show evidence of functional improvement following completion of the prior epidural steroid injection. The employee inability to return to any form of work and continued usage of numerous opioid and non-opioid analgesic and adjuvant medications, including Norco, Flexeril, Neurontin, etc., indicates a lack of functional improvement following completion of prior epidural steroid injection therapy. Continued epidural injections cannot be supported in the face of the employee's inability to improve or progress despite having completed 10 prior injections. The request for caudal epidural steroid injection is not medically necessary and appropriate.