

Case Number:	CM13-0024813		
Date Assigned:	11/20/2013	Date of Injury:	02/25/2005
Decision Date:	01/23/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 an industrial injury of February 25, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified number of epidural steroid injections over the life of the claim; and reported return to regular duty work. In a utilization review report of September 9, 2013, the claims administrator denied the request for repeat epidural steroid injections, although it was noted that the applicant reported a few months of pain relief with the prior May 17, 2013 epidural steroid injection and also report decreased medication usage through the same. The applicant's attorney subsequently appealed, on September 12, 2013. An August 9, 2013 progress note is notable for comments that the applicant reports persistent low back pain with some numbness about the legs. Diminished sensation is noted about the feet with positive straight leg raising. Second epidural steroid injection is sought. The applicant received refills of Flexeril, Neurontin, Prilosec, and tyrosine. The applicant has returned to regular duty work, it is stated. An earlier note of May 31, 2013 is also notable for comments that the applicant has again returned to regular duty work. An earlier note of August 30, 2013 is notable for comments that the applicant does have radiographic corroboration of his radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat lumbar epidural steroid injection at L4-L5 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines states that epidural steroid injections are indicated in the treatment of radiculopathy and that the cardinal criteria for pursuit of repeat injection therapy is evidence of functional improvement. In this case, the applicant has demonstrated functional improvement as defined in MTUS 9792.20f following completion of the prior injection. The applicant has successfully returned to regular work. There is also some report of diminished medication consumption effected following the prior epidural steroid injection. There is clinical evidence of radiculopathy present here, although it is incidentally noted that the actual MRI report which reportedly corroborated the radicular complaints has not been furnished. Nevertheless, on balance, it does appear that the applicant profited from the prior epidural steroid injection, has active radicular complaints, and returned to regular work following completion of the prior injection, making a case for repeat therapy here. Therefore, the request is certified.