

Case Number:	CM13-0026179		
Date Assigned:	12/18/2013	Date of Injury:	08/05/2011
Decision Date:	02/26/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/19/2013

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 an [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 5, 2011. 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; at least one prior lumbar epidural steroid injection of July 24, 2013; prior lumbar medial branch block; and extensive periods of time off of work, on total temporary disability. In a Utilization Review report of September 9, 2013, the claims administrator denied a request for a repeat lumbar epidural steroid injection. The applicant's attorney later appealed. A later note of September 23, 2013 is notable for comments that the applicant has chronic low back pain with associated left-sided radiculopathy. The applicant is still having hard time doing daily chores and activities. The applicant feels that she is slowly worsening. Pain is scored at 7/10. The applicant has evidence of broad-based disk protrusion at L5 S1 noted on lumbar Magnetic resonance imaging (MRI) imaging. She does exhibit positive straight leg raising. She is given numerous medications, including Norco and Celebrex. A repeat epidural steroid injection is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left transforaminal epidural steroid injection at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 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 California Medical Treatment Utilization Guidelines (MTUS) Chronic Pain Medical Treatment Guidelines, the cardinal criteria for pursuit of repeat epidural steroid injections is continued objective documented pain relief and functional improvement following prior blocks. In this case, however, the applicant has had one least one recent lumbar epidural steroid injection in 2013. She has failed to effect any lasting benefit or functional improvement as defined by the parameters established in California Medical Treatment Utilization Guidelines (MTUS) through the prior injection. She has failed to return to work. There is no evidence of diminishing work restrictions or improved work status. There is no evidence of diminished medication consumption. The applicant remains reliant on various medications, including Norco, Celebrex, OxyContin, etc. Pursuing repeat epidural block in this context is not recommended. Therefore the request is not certified.