

Case Number:	CM13-0027312		
Date Assigned:	03/19/2014	Date of Injury:	09/30/2010
Decision Date:	05/21/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/20/2013

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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 30, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; an earlier L4-L5 lumbar transforaminal epidural steroid injection on June 26, 2012; subsequent left knee arthroscopy on July 15, 2013; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of September 18, 2013, the claims administrator approved a request for a cervical MRI while denying a lumbar epidural steroid injection. In a clinical progress report of September 3, 2013, the applicant was described as reporting 4- 7/10 low back pain radiating to the right leg. The applicant was having issues with mood disturbance and sleep disturbance. The applicant stated that usage of medications ameliorated her ability to perform activities of daily living and function. Some of the reporting in various sections of the note was incongruous. The applicant was on Cymbalta, Norco, Phenergan, Motrin, and Prilosec. Diminished right lower extremity sensorium was noted with 4/5 right lower extremity strength appreciated. Repeat lumbar epidural steroid injection was endorsed. Pamelor, Motrin, and Prilosec were prescribed. The applicant's work status was reportedly unchanged. Multiple progress notes interspersed throughout 2013 are also notable for comments that the applicant's work status is "unchanged." It did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

LESI AT L5-S1: Upheld

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.

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat lumbar epidural blocks should be predicated on evidence of functional improvement and analgesia with prior blocks. In this case, however, the applicant has failed to achieve the requisite functional improvement and/or pain relief with earlier blocks. The applicant is seemingly off of work. The applicant remains highly reliant on various medications, including Motrin, Pamelor, Norco, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite an earlier epidural steroid injection. Accordingly, the request for repeat epidural injection is not medically necessary, on Independent Medical Review.