

Case Number:	CM13-0031273		
Date Assigned:	12/11/2013	Date of Injury:	01/24/2008
Decision Date:	02/03/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	10/03/2013

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 a represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 24, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; psychotropic medications; one prior epidural steroid injection; prior lumbar spine surgery in 2008; and apparent return to some form of work. In a utilization review report of September 12, 2013, the claims administrator denied a request for a repeat transforaminal epidural steroid injection, citing lack of functional improvement with prior injection therapy. The applicant subsequently appealed, on September 12, 2013. An epidural steroid injection procedure note of August 2, 2013 is reviewed. A later note of August 20, 2013 is notable for comments that the applicant recently had a transforaminal epidural steroid injection and has 80% relief at the 10-day mark. The applicant now has 50% relief at this point in time. He is on Topamax, Cymbalta, Flomax, Lipitor, and Prilosec. He does exhibit 4/5 left lower extremity strength with decreased sensorium noted about the same. Positive straight leg raising and an antalgic gait are noted. A second epidural steroid injection is sought. The goal of the injection is to avoid surgery, it is stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second outpatient transforaminal lumbar epidural steroid injection (LESI) at left L5-S1:
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 Epidural steroid injections Page(s): 46.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines indicate that repeat blocks should be based on continued objective documented pain relief and functional improvement with associated medication reduction for six to eight weeks. In this case, however, the second epidural steroid injection was sought on August 20, 2013, such as, approximately three weeks after the first epidural steroid injection on August 2, 2013. There were no subsequent progress notes provided beyond September 2013. It is difficult to make the case that the applicant has demonstrated the requisite pain relief following the prior epidural steroid injection for the requisite amount of time, given the lack of later progress notes. Therefore, the request is not certified, on independent medical review.