

Case Number:	CM13-0037081		
Date Assigned:	12/13/2013	Date of Injury:	07/13/2002
Decision Date:	03/12/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/22/2013

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 least at 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 July 13, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and extensive periods of time off work, on total temporary disability. In a utilization review report of October 4, 2013, the claims administrator denied a request for an epidural steroid injection. The applicant's attorney subsequently appealed. In a March 6, 2013 progress note, it is acknowledged that the applicant has had prior epidural steroid injections. The applicant has also had facet joint injection therapy. It is stated that the effectiveness of facet injections weaned over time. A subsequent progress note of May 6, 2013 is notable for comments that the applicant is off of work, on total temporary disability. The applicant is using various analgesic medications, including oxycodone-acetaminophen, Motrin, and tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection at right L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the primary criteria for pursuit of repeat epidural steroid injection blocks is evidence of functional improvement with prior blocks. In this case, however, the applicant has had prior unspecified numbers of epidural steroid injections over the life of the claim. There has been no evidence of lasting benefit or functional improvement effected through the same. The applicant remains off of work, on total temporary disability and remains highly reliant on various other medications, both opioid and non-opioid. Repeat epidural steroid injection therapy is not indicated given the lack of functional improvement as defined in MTUS 9792.20f through the prior injections. Therefore, the request is not certified.