

Case Number:	CM13-0045745		
Date Assigned:	12/27/2013	Date of Injury:	06/14/2013
Decision Date:	02/27/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 low back pain reportedly associated with an industrial injury of June 14, 2013. 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; unspecified amounts of chiropractic manipulative therapy; one prior epidural steroid injection; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 31, 2013, the claims administrator denied a request for a repeat epidural steroid injection, citing the fact that it did not appear that the applicant had received the requisite pain relief following the prior epidural steroid injection. In a clinical progress note of October 22, 2013, the attending provider wrote that he was seeking authorization for repeat L4-L5 and L5-S1 transforaminal epidural steroid injections as well as a second opinion neurosurgery consultation. The applicant reported 6/10 low back pain radiating to left leg, was on Norco and Flexeril for pain relief, and exhibited an antalgic gait. A repeat epidural steroid injection was sought while Relafen, Norco, and Flexeril were renewed. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 and L5-S1 epidural steroid injection (ESI): 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 Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the primary criteria for pursuit of repeat blocks are continued objective documented pain relief and functional improvement. In this case, however, there is no indication or evidence that the applicant has achieved the requisite pain relief and/or functional improvement as a result of the prior lumbar epidural steroid injection. The applicant remains off of work, on total temporary disability. He remains highly reliant on various pain medications, including Norco, Relafen, Flexeril, etc. All of the above, taken together, imply a lack of functional improvement as defined by the parameters established in MTUS 9792.20f following completion of the prior epidural steroid injection. Therefore, the request for a repeat block is not certified.