

Case Number:	CM13-0046041		
Date Assigned:	12/27/2013	Date of Injury:	09/30/2008
Decision Date:	03/18/2014	UR Denial Date:	10/22/2013
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 chronic low back pain reportedly associated with an industrial injury of September 30, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; at least one prior epidural steroid injection in November 2012 at L4-L5 and L5-S1; attorney representation; long acting opioids; facet joint injection; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 22, 2013, the claims administrator denied a request for lumbar epidural steroid injections at L1-L2 and L2-L3, citing a lack of clear radicular complaints at that level. Progress notes of September 25, 2012 and October 22, 2012 do state that the applicant is off of work, on total temporarily disability. In a procedure note of October 22, 2012, the applicant undergoes epidural steroid injection therapy at L4-L5 and L5-S1. In an appeal letter of October 27, 2013, the applicant presents with severe left sided low back and left leg pain. She apparently has confirmed radiculopathy and had prior epidural steroid injections on July 10, 2013, it is noted. It is stated that this injection generated appropriate analgesia. Diminished left lower extremity reflexes with weakness about the same are appreciated. Epidural steroid injection therapy is sought. An earlier handwritten note of September 24, 2013 is notable for comments that the applicant is using soma, Duragesic, Norco, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left lumbar transforaminal epidural injection at L1-2 and L2-3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic)

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 epidural steroid blocks is evidence of analgesia and functional improvement achieved through prior blocks. In this case, however, the applicant has failed to demonstrate any functional improvement as defined by the parameters established in MTUS 9792.20f through the multiple prior epidural steroid blocks performed earlier in 2013 and in 2012. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant on various forms of medical treatment, including medications, injections, Norco, soma, etc. Pursuing repeat epidural steroid injection therapy in the face of the applicant's failure to demonstrate any functional improvement following prior injections is not indicated. Therefore, the request is not certified.