

Case Number:	CM13-0051662		
Date Assigned:	06/04/2014	Date of Injury:	02/28/1985
Decision Date:	08/05/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/14/2013

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 February 28, 1985. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy and chiropractic manipulative therapy over the course of the claim. In a utilization review report dated October 22, 2013, the claims administrator denied a request for an L4-L5 lumbar transforaminal epidural steroid injection. The claims administrator stated that the applicant had had a previous epidural steroid injection at the level in question, but had not demonstrated improvement with the same. The applicant's attorney subsequently appealed. A handwritten note dated November 5, 2011 was difficult to follow, not entirely legible, notable for comments that the applicant had ongoing complaints of low back pain. The applicant was seemingly placed off of work, on total temporary disability. A subsequent note on May 17, 2013 is notable for comments that the applicant was reporting persistent complaints of 8/10 low back pain. The applicant was using Vicodin and Lidoderm patches, it was stated. The applicant apparently had MRI imaging suggestive of a herniated disk at L4-L5. Diminished sensorium and weakness about left lower extremity at the level in question was noted. An epidural steroid injection was sought. It was stated that the applicant's earlier epidural injection had achieved over one and half years of pain relief. The applicant apparently underwent an epidural steroid injection on April 29, 2013 at the L4-L5 levels. On October 3, 2013, the applicant was again placed off of work until further notice. It also appeared that the applicant also underwent an epidural injection on October 3, 2013. The applicant was described as using Norco and Lidoderm patches on June 11, 2013, and was described as off of work until further notice, on that occasion as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION L4-5:

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 Epidural Steroid Injections topic Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of the repeat epidural steroid injection should be predicated on functional improvement and/or lasting analgesia achieved with earlier blocks. In this case, however, the applicant is off work, on total temporary disability. The applicant remains highly reliant and highly dependent on analgesic medications such as Norco and Lidoderm. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20F despite what appears to have been several epidural blocks over the course of the claim, including at least three which have been recently documented as having taken place in 2013 alone. Therefore, the request for left lumbar transforaminal epidural steroid injection L4-5 is not medically necessary.