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| Case Number: | CM13-0055576 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 11/01/2011 |
| Decision Date: | 03/25/2014 | UR Denial Date: | 11/15/2013 |
| Priority: | Standard | Application Received: | 11/21/2013 |

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, shoulder, and knee pain associated with industrial injury sustained on November 1, 2011. Thus far, the applicant has been treated with analgesic medications, right knee surgery, rotator cuff repair surgery, physical therapy, prior epidural steroid injection on February 7, 2013, and normal lower extremity electrodiagnostic testing on December 28, 2012. In a November 30, 2013 Medical Legal Evaluation, the applicant was given an 8% whole-person impairment rating. On October 29, 2013, the applicant is described as presenting with low back pain radiating to the right leg. It has grown worse lately and is reportedly intolerable. The applicant is a police officer who retired on December 28, 2012. The applicant has MRI imaging with evidence of foraminal stenosis at L5-S1. He has equivocal to negative straight leg raising, good lower extremity strength, and somewhat diminished right calf sensorium. A repeat lumbar epidural steroid injection is sought, although it is acknowledged that the applicant has tried this previously and is unsure as to how much previous relief was obtained through the same. In another section of the report, it is stated that a year ago the applicant tried a previous injection which he believes may have helped. Also reviewed is an MRI from October 21, 2013, notable for a 1mm disk bulge at L5-S1 with mild narrowing of the neural foramen and no nerve root impingement appreciated. At L3-L4, a 1.5mm disk bulge was appreciated with bilateral nerve root impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

epidural steroid injection at L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be based on evidence of functional improvement with prior blocks. In this case, there is no evidence that the applicant has achieved the requisite analgesia and/or functional improvement through prior blocks. The applicant himself states that he is uncertain as to whether the prior block of February 2013 helped him materially. It is further noted that there is no clear radiographic corroboration of radiculopathy here. The recent lumbar MRI from October 2013 is largely negative and does not reveal any clear-cut evidence of neurologic compromise. The applicant also had normal electrodiagnostic testing of the bilateral lower extremities in December 2012. Thus, there is no radiographic or electrodiagnostic corroboration for the applicant's alleged radicular complaints. The applicant does not appear to have responded favorably to prior epidural blocks. For all of these stated reasons, the proposed repeat epidural steroid injection is not indicated and not certified.