

Case Number:	CM13-0058416		
Date Assigned:	12/30/2013	Date of Injury:	06/01/2006
Decision Date:	04/09/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/27/2013

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 June 1, 2006. 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; a prior epidural steroid injection/selective nerve root block in October 2013; and an earlier lumbar laminectomy surgery in June 2012. In a utilization review report of November 11, 2013, the claims administrator denied a request for a repeat right selective nerve root block at L2-L3, stating that it is not clear whether the applicant exhibited any lasting benefit or functional improvement with the prior epidural block. The applicant's attorney subsequently appealed. A handwritten note of October 4, 2013 is difficult to follow, sparse, and not entirely legible. The applicant reports moderate-to-severe low back pain radiating to the right leg. The applicant was presenting for a refill of Oxycodone. Earlier prescriptions for Soma and benzodiazepines were denied while Lidoderm was apparently approved, the attending provider noted. The applicant is also using Norco and Celebrex, it was further noted. A repeat epidural steroid injection was sought. The applicant's work status was not clearly detailed. In an earlier note of July 18, 2013, it is stated that the applicant has been receiving biannual epidural steroid injections and that a CT scan done in June 2013 demonstrates fairly good consolidation of the fusion. In an 85-page medical-legal evaluation of September 18, 2013, it is stated that the applicant is a qualified injured worker and entitled to a supplemental job displacement benefit, implying that he is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT RIGHT SELECTIVE NERVE ROOT BLOCK AT L3 AND L2: 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 (ESIs) Page(s): 46.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the pursuit of repeat epidural steroid injections should be predicated on evidence of functional improvement with prior blocks. In this case, the applicant has received several blocks over the life of the claim. At one point, the applicant was receiving biannual epidural blocks. However, the applicant has failed to achieve any lasting benefit or functional improvement despite numerous blocks over the life of the claim. The applicant remains off of work. The applicant is described as a qualified engine worker. The applicant remains highly reliant on various analgesic and adjuvant medications, including Wellbutrin, Soma, Lyrica, and Norco. All the above, taken together, imply a lack of functional improvement despite prior blocks. It is further noted that the applicant has had extensive prior epidural blocks over the life of the claim, seemingly well in excess of the two lifelong epidural steroid injections recommended by the Guidelines. Therefore, the request for repeat block is not certified, for all the stated reasons.