

Case Number:	CM13-0060287		
Date Assigned:	06/09/2014	Date of Injury:	01/12/2010
Decision Date:	10/31/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/27/2013

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 neck pain, shoulder pain, mid back pain, and an umbilical hernia reportedly associated with an industrial injury of January 12, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; earlier hernia repair surgery in 2010; transfer of care to and from various providers in various specialties; opioid therapy; and work restrictions. In a Utilization Review Report dated October 24, 2013, the claims administrator denied a request for a selective epidural block, invoking both MTUS and non-MTUS Guidelines in its denial. The applicant's attorney subsequently appealed. In a July 15, 2013 progress note, the applicant was described as "unemployed." 7/10 pain was noted about the abdomen and about the back. The applicant exhibited positive straight leg raising about the low back. The note was very difficult to follow and mingled old complaints and current complaints. Omeprazole was reportedly effective in ameliorating the applicant's heartburn, it was stated. The applicant received a variety of medication refills, including tramadol, tizanidine, and naproxen. In a September 16, 2013 progress note, the applicant was again described as unemployed. 8/10 back and abdominal pain were noted. Multiple medications were renewed. It was stated that the applicant was pending a hernia repair surgery. There was no mention made of epidural steroid injections or proposed epidural steroid injection on this date. In an October 31, 2013 progress note, the applicant reported 7-8/10 low back pain and abdominal pain. The attending provider did allude to a previous request made for selective epidural blocks at the thoracolumbar junction on the right to help try and block pain into the testicular region. The note was extremely difficult to follow, mingled old complaints and current complaints, and contained a variety of typographic errors. The attending provider seemingly stated that he would consider ilioinguinal nerve blocks if the epidural blocks were not approved. 7-8/10 low back and abdominal pain were again appreciated. Multiple medications

were renewed, including naproxen, Prilosec, tramadol, Colace, Flexeril, Topamax, Metamucil, senna, and cervical topical compounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided selective epidural block at t12, l1 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 topic Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural injections are recommended as an option in the treatment of radicular pain. In this case, however, there was no explicit discussion or demonstration of radicular pain on any of the progress notes, referenced above. The attending provider seemingly suggested that the applicant's pain was emanating from the abdominal region/ilioinguinal region. This is not an indication for epidural steroid injection therapy, per page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.