

Case Number:	CM13-0061412		
Date Assigned:	12/30/2013	Date of Injury:	09/12/2001
Decision Date:	04/11/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly with an industrial injury of September 12, 2011. 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; prior lumbar spine surgery; and a spinal cord stimulator implantation. In a utilization review report of November 27, 2013, the claims administrator denied a request for an L4-L5 epidural steroid injection. The applicant's attorney subsequently appealed. A clinical progress note of August 8, 2013 is notable for comments that the applicant reports chronic low back pain reportedly associated with a failed back syndrome. The applicant is having concomitant symptoms of depression. The applicant is on Soma, Wellbutrin, Norco, Zoloft, Motrin, Zocor, and Pepcid. The applicant is reportedly obese, standing 5 feet 10 inches tall and weighing 210 pounds. Multiple trigger points are noted about the cervical spine. A surgical scar is noted about the lumbar spine with limited range of motion appreciated about the same. The applicant does exhibit an antalgic gait with some numbness in the L4-L5 distribution. Analgesic medications are renewed. It is incidentally noted that the applicant has been declared permanent and stationary with rather a proscriptive 10-pound lifting limitation. It is stated that the applicant had an earlier epidural steroid injection in 2003 and reportedly had an encouraging response to the same prior to undergoing a laminectomy in 2009. It is incidentally noted that the claims administrator referenced November 27, 2013 progress note and 2007 lumbar MRI in its utilization review denial; however, these records were not included in the packet of records accompanying the application for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSFORMATIONAL LUMBAR EPIDURAL STEROID INJECTION AT L4-L5:

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: The Expert Reviewer's decision rationale: Based on the provided documentation, the applicant does not appear to have achieved the requisite pain relief and/or functional improvement required on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines to pursue repeat epidural steroid injections. A rather proscriptive 10-pound lifting limitation has been imposed. The applicant does not appear to have returned to work with permanent limitations in place. The applicant remains highly reliant on various medications, including Soma, Norco, Wellbutrin, Zoloft, Motrin, etc. The applicant later went on to undergo cervical spine surgery and implantation of spinal cord simulator. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite prior lumbar epidural steroid injection therapy at early point during the life of the claim. Therefore, the request for a repeat lumbar transforaminal injection is not certified, on independent medical review.