

Case Number:	CM13-0065474		
Date Assigned:	01/03/2014	Date of Injury:	12/21/2004
Decision Date:	06/25/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 December 21, 2004. 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; unspecified amounts of physical therapy; unspecified number of epidural steroid injections over the life of the claim, including three lumbar epidural steroid injections in 2013 alone, per the claims administrator; earlier lumbar spine surgery; and psychotropic medications. In a Utilization Review Report of December 3, 2013, the claims administrator denied a request for repeat epidural steroid injection and conditionally denied request for acupuncture. A September 16, 2013 progress note was notable for comments that the applicant had heightened complaints of pain and depression. The applicant was using a heightened dosage of Trazodone. The applicant reported 3/10 pain with medications and 10/10 pain without medications. The applicant was on Cymbalta, Neurontin, Lidocaine, Percocet, and Desyrel, it was stated. Multiple medications were refilled. On November 11, 2013, the applicant was again described as having a flare in low back and leg pain. The applicant was on Desyrel and Cymbalta at that point. The applicant was severely obese with a BMI of 34. Cymbalta, Duragesic, Neurontin, Percocet, and Desyrel were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 EPIDURAL STEROID INJECTION AT L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (MAY 2009), EPIDURAL STEROID INJECTIONS (ESIs),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injection topic. 9792.20f. Page(s):.

Decision rationale: As noted on page 46 of the Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of functional improvement and lasting analgesia achieved through earlier blocks. In this case, however, the applicant is seemingly off of work. The applicant remains highly reliant on numerous opioid and non-opioid agents, including Duragesic, Percocet, Neurontin, etc. All of the above taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite earlier unspecified epidural injections. Therefore, the request for a repeat epidural injection is not medically necessary.