

Case Number:	CM13-0065794		
Date Assigned:	01/03/2014	Date of Injury:	10/26/2007
Decision Date:	04/18/2014	UR Denial Date:	11/13/2013
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 October 26, 2007. 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; and multiple prior epidural steroid injections over the life of the claim, per the claims administrator. In a utilization review report of November 3, 2013, the claims administrator denied a request for lumbar epidural steroid injection at L4-L5. The claims administrator stated that the applicant had had two epidural steroid injections approximately a year ago. The claims administrator stated that the applicant did not carry a definitive diagnosis of radiculopathy for which epidural injection therapy was indicated. The applicant's attorney subsequently appealed. On August 4, 2013, the applicant attended a psychiatric medical-legal evaluation which suggested that the applicant has apparently returned to work as a cab driver, despite ongoing issues with low back pain and psychological stress. The applicant was given a Global Assessment of Functioning (GAF) of 59. The applicant is on Norco and trazodone, it is seemingly suggested. A September 13, 2013, medical progress note is notable for comments that the applicant is reportedly permanent and stationary. He is using Norco four times a day. 5/5 lower extremity strength is noted despite an antalgic gait and depressed affect. Hydrocodone and Ativan were renewed. Psychotherapy was endorsed. The applicant's low back pain was described as dull and constant. The applicant was apparently described as working as a taxi driver. There is no mention of radicular complaints. On October 11, 2013, the applicant is described as having persistent low back pain with recent lumbar MRI of July 2013 demonstrating a small right-sided broad-based disc protrusion at L4-L5 with associated mild-to-moderate neural foraminal stenosis. The applicant is described as depressed and overwhelmed. He is still using Norco for pain relief. 5/5 lower extremity strength

was appreciated despite a stooped and antalgic gait. Norco and Ativan were renewed. On October 15, 2013, the applicant was described as reporting persistent low back pain radiating to the legs, 7/10. He had an epidural steroid injection over one year ago. He had good relief after an epidural injection one year prior. The applicant is having a recent flare-up of pain resulting in heightened Norco consumption. The applicant exhibits an antalgic gait with tenderness about the paraspinal. MRI imaging is reportedly suggestive of right-sided neural foraminal stenosis at L4-L5. An L4-L5 repeat epidural steroid injection is endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints and Epidural steroid injections (ESIs).

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural blocks should be predicated on evidence of functional improvement with prior blocks. In this case, the applicant apparently achieved and/or maintained appropriate analgesia, diminished medication consumption, and successful return to work following a prior epidural steroid injection over one year prior. The applicant has had a lumbar MRI of July 2013 which apparently demonstrates a disc bulge at L4-L5 with associated neural foraminal stenosis which does seemingly account for the applicant's radicular complaints. The applicant apparently had a flare-up of pain which resulted in heightened medication consumption. Given the applicant's favorable response to the prior injection as evidenced by his successful return to regular work, repeat injection is certified.