

Case Number:	CM13-0068662		
Date Assigned:	05/14/2014	Date of Injury:	09/27/2011
Decision Date:	06/05/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/19/2013

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 September 27, 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; adjuvant medications; unspecified amounts of acupuncture; and lumbar MRI imaging of November 28, 2011, notable for mild degenerative disease with small disk bulges at L4-L5 and L5-S1 without any significant neurological impingement or stenosis. In a Utilization Review Report dated November 27, 2013, the claims administrator denied a request for transforaminal epidural steroid injections at L4-L5 and L5-S1. The applicant's attorney subsequently appealed. A clinical progress note of September 23, 2013 was notable for comments that the applicant was reporting persistent shoulder and low back pain, 5-6/10. The applicant stated that an earlier spinal injection did not help. Multiple palpable tender points were noted. Facetogenic tenderness was also appreciated. Straight leg raising was also noted. The applicant was asked to pursue epidural steroid injection therapy, acupuncture, and physical therapy. In a permanent and stationary report dated January 10, 2013, the applicant was described as having had electrodiagnostic testing on April 23, 2012 suggestive of bilateral chronic S1 radiculopathy. The applicant was described as having undergone extensive conservative measures in addition to epidural steroid injection therapy in a failed attempt to cure or relieve her of her symptomatology. The applicant was given a 10% whole person impairment and was given permanent work restrictions. The applicant was described as no longer working her former occupation.

IMR ISSUES, DECISIONS AND RATIONALES

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

URGENT TRANSFORAMINAL LUMBAR EPIDURAL INJECTION L4-5, L5-S1:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of functional improvement and/or long-term analgesia achieved with earlier blocks. In this case, however, these criteria have not been met. The applicant is off of work. The applicant has permanent work restrictions which remain in place, unchanged, from visit to visit, arguing against any functional improvement with the earlier epidural injection. The applicant's continued usage of several analgesic medications, including Norco, Neurontin, and Lidoderm also indicates a lack of functional improvement. Therefore, the request for a repeat epidural steroid injection is not medically necessary and appropriate owing to the applicant's lack of functional improvement with the earlier epidural block.