

Case Number:	CM13-0069155		
Date Assigned:	01/17/2014	Date of Injury:	11/02/2010
Decision Date:	06/19/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; and transfer of care to and from various providers in various specialties. In a December 11, 2013 Utilization Review Report, the claims administrator seemingly denied a request for an L4-L5 transforaminal epidural steroid injection. Portions of the UR report were seemingly truncated. In a December 3, 2013 progress note, the applicant presented with chronic low back pain issues. The applicant apparently attributed all of his symptoms to having been assaulted during the theft of his taxi cab several years prior. The applicant was status post earlier epidural steroid injection therapy on October 23, 2013, it was stated. 9/10 pain was noted. Little improvement was noted so far. Despite the lack of improvement, the applicant was reportedly scheduled for repeat epidural injection. The applicant was using Nucynta, Naprosyn, Silenor, Avalide, metamucil, aspirin, Zoloft, and Prilosec, it was stated. The applicant was continuing to smoke five to six cigarettes a day. The applicant was given refills of multiple medications, including Nucynta. A repeat epidural injection was sought. The applicant's work status was not provided. In an earlier psychiatry note of January 24, 2013, the applicant was described as using a cane to ambulate about. The applicant was on a variety of analgesic and psychotropic medications, including Zoloft and Silenor. The applicant was described as unemployed, at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4, L5, LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. MTUS 9792.20f. Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of sustained pain relief and functional improvement with earlier blocks. In this case, the applicant has had at least one prior epidural injection over the life of the claim. There has, however, been no evidence of functional improvement as defined in MTUS 9792.20f effected as a result of the same. The applicant is off of work. The applicant continues to use a cane to move about. The applicant remains highly reliant on multiple medications, including Nucynta and Celebrex. The applicant's ability to perform even basic activities of daily living appears limited. Subjectively, there was little or no pain relief effected through the earlier block. Therefore, the request for an epidural steroid injection is not medically necessary.