

Case Number:	CM13-0071744		
Date Assigned:	01/29/2014	Date of Injury:	09/26/2012
Decision Date:	06/13/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/30/2013

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 industrial injury of September 26, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; MRI imaging of the lumbar spine of September 21, 2013, notable for mild disk protrusion at L5-S1; and at least one prior epidural steroid injection. In a Utilization Review Report of November 22 2013, the claims administrator denied a request for epidural steroid injection therapy. In a medical-legal evaluation of July 21, 2013, the medical-legal evaluator suggested that the applicant pursue an epidural steroid injection and consider a lumbar laminectomy and discectomy at L4-L5 and L5-S1 if this failed to ameliorate the applicant's symptoms. The applicant apparently underwent epidural steroid injection therapy on November 8, 2013 at the L4-L5 level. In a November 18, 2013 progress report, the applicant reported 8-9/10 low back pain. The applicant exhibited hyposensorium about the left lower extremity and positive straight leg raising bilaterally with a shuffling and antalgic gait appreciated. The applicant was given refills of oxycodone, Duragesic, Soma, and Xanax while pursuing a repeat epidural steroid injection. The attending provider stated that the applicant had achieved 75% to 80% pain relief with the earlier epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

REPEAT LEFT L4 LUMBAR TRANSFORAMINAL EPIDURAL STEROID INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Medical Treatment Guidelines, repeat blocks should be based on continued objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction in medication usage through six to eight weeks. In this case, however, the request for authorization was initiated approximately ten days after the earlier epidural steroid injection. Thus, the applicant did not achieve the requisite six to eight weeks of lasting pain relief. There is likewise no compelling evidence of functional improvement or reduction in medication usage achieved through the prior epidural steroid injection. The applicant does not appear to have returned to work based on the admittedly limited information on file. The applicant seemingly remains highly reliant and dependent on multiple opioid and non-opioid agents, including Duragesic, Soma, oxycodone, Xanax, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f following completion of the earlier epidural injection. Therefore, the request for a repeat block is not medically necessary.