

Case Number:	CM14-0000404		
Date Assigned:	01/17/2014	Date of Injury:	11/02/2011
Decision Date:	06/06/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 Preventive 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 November 2, 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; and unspecified amounts of physical therapy. In a utilization review report dated December 16, 2013, the claims administrator apparently denied a request for an L5-S1 epidural steroid injection. The claims administrator's rationale was extremely difficult to follow. The part of the rationale was blurred as a result of repetitive photocopying. In the rationale, the claims administrator apparently stated that there was no evidence that the claimant had failed conservative treatment, although the claimant was over two and half years removed from the date of injury. The claims administrator did, however, suggest that the applicant had had an earlier epidural steroid injection at L5-S1. The applicant's attorney appealed the denial. A December 4, 2013 progress note is notable for comments that the applicant reported persistent low back pain radiating to the right leg. The applicant was apparently pending shoulder surgery, it was stated. The applicant exhibited an antalgic gait with limited lumbar range of motion. The applicant's work status was not stated. It was stated that the applicant should pursue a repeat epidural steroid injection as opposed to considering a lumbar spine surgery. A physical therapy note of December 16, 2013 was notable for comments that the applicant was using Relafen and Norco for pain relief purposes. Again, the applicant's work status was not stated. On December 13, 2012, the applicant was described as using Celebrex and topical compounds. The applicant was in the process of a receiving shoulder corticosteroid steroid injection. The applicant was placed off of work, on total temporary disability, on a progress note dated December 13, 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (LESI) AT THE LEVELS OF THE RIGHT L5-S1 BETWEEN 12/13/2013 AND 01/27/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Page(s): 46.

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, pursuit of repeat epidural blocks should be based on the evidence of appropriate analgesia and functional improvement achieved through earlier blocks. In this case, however, there is no clear evidence of functional improvement with the earlier blocks. The applicant remains highly reliant and dependent on various medications, including Norco, topical compounds, Celebrex, etc. The applicant was described as off of work as of an office visit of December 13, 2012. The applicant's continued reliance on analgesic medications and failure to return to work, taken together, imply a lack of functional improvement with earlier epidural steroid injection therapy as defined by the measures established in MTUS 9792.20f. Therefore, the request for a repeat epidural injection at L5-S1 is not medically necessary.