

Case Number:	CM14-0001652		
Date Assigned:	04/30/2014	Date of Injury:	08/04/2003
Decision Date:	06/13/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/06/2014

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 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 August 4, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; and extensive periods of time off of work. In a December 30, 2013 progress note, the claims administrator denied a request for epidural steroid injection therapy. The applicant's attorney subsequently appealed. In a January 9, 2014 progress note, the attending provider posited that the applicant reportedly maintained 80% pain relief through earlier L5-S1 epidural steroid injection therapy. The applicant was, however, presently on Zestril, Neurontin, Zocor, Pamelor, Norco, and Arthrotec for pain relief. In addition to receiving moneys through the Workers' Compensation System, the applicant was described as receiving Social Security Disability Insurance (SSDI). Repeat epidural steroid injection was reportedly sought. The attending provider stated, somewhat incongruously, in one section of the report that the applicant was off of opioids while documenting usage of Norco in other section of the report. The applicant was deemed "permanently disabled," it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT S1 SELECTIVE NERVE ROOT BLOCK: 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 Page(s): 46.

Decision rationale: The request in question represents a repeat block. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, pursuit of repeat blocks should be predicated on evidence of functional improvement and analgesia achieved through earlier blocks. In this case, however, the applicant has failed to achieve any lasting benefit or functional improvement as defined in MTUS 9792.20f through earlier epidural block. The applicant remains off of work, "on permanent disability." The applicant is receiving moneys both through the California Workers' Compensation System and through Social Security Disability Insurance (SSDI). The applicant remains highly reliant on various analgesic medications and other forms of medical treatment, including Norco, Pamelor, Neurontin, and Arthrotec. All of the above, taken together, imply the failure of earlier epidural steroid injection therapy/selective nerve root block injection therapy. Therefore, the request is not medically necessary, on Independent Medical Review.