

Case Number:	CM14-0107665		
Date Assigned:	08/01/2014	Date of Injury:	03/23/2004
Decision Date:	10/02/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/11/2014

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 March 23, 2004. 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; unspecified amounts of physical therapy; opioid therapy; and a lumbar support. In a Utilization Review Report dated June 11, 2014, the claims administrator denied a request for two epidural steroid injections. The applicant's attorney subsequently appealed. In an April 20, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant stated that his symptoms had recently occurred, leading him to contact his claims administrator to reopen his claim. Moderate severe low back pain was noted with some numbness about the left lower extremity. 5/5 bilateral lower extremity strength and symmetric lower extremity reflexes were noted. Positive straight leg raising was noted about the left. Lumbar MRI imaging, Omeprazole, Tramadol, and 18 sessions of physical therapy were endorsed. The applicant was placed off of work, on total temporary disability. Lumbar MRI imaging of May 13, 2014 was notable for multilevel disk protrusions and disk desiccation of uncertain clinical significance. The applicant also had evidence of a renal mass/renal cyst. On May 30, 2014, the applicant again presented with persistent complaints of low back pain radiating into left leg, reportedly severe. Diminished sensorium was noted about the left thigh with 5/5 lower extremity motor strength appreciated. Multiple medications were refilled. Authorization was sought for two epidural steroid injections while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI #2: Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the attending provider has seemingly sought authorization for a series of two epidural steroid injections, with no provision to re-evaluate the applicant between proposed injections to ensure functional improvement with the first block. The request, thus, does not conform to MTUS parameters and principles. Accordingly, the request is not medically necessary.