

Case Number:	CM14-0109895		
Date Assigned:	09/16/2014	Date of Injury:	01/14/2011
Decision Date:	11/07/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/15/2014

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 January 14, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and at least one prior epidural steroid injection, per the claims administrator. In a Utilization Review Report dated July 7, 2014, the claims administrator denied a request for repeat L5-S1 epidural steroid injection. The claims administrator stated that there was no compelling evidence of improvement with the earlier injection. The claims administrator did not, however, incorporate cited MTUS Guidelines into its rationale. The applicant's attorney subsequently appealed. In a December 20, 2013 progress note, an L5-S1 palliative epidural steroid injection was sought owing to ongoing complaints of lumbar radiculitis with evidence of a 5 mm disk herniation with associated nerve root impingement at the L5-S1 level. The applicant had persistent complaints of low back pain radiating to the right leg with corresponding leg weakness noted on exam. The applicant's work status was not clearly stated. It was stated that the applicant would likely require surgical decompression here. On July 24, 2014, a repeat Lumbar Epidural Steroid Injection was sought. It was incidentally noted that the applicant was diabetic. The applicant was asked to employ Butrans patches in lieu of Motrin and ibuprofen. In a June 4, 2014 primary treating provider note, it was stated that the applicant would remain off of work, on total temporary disability owing to the fact that the applicant's employer did not have an alternative position available for the applicant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Right L5-S1 Epidural Steroid Injection: Upheld

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

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, pursuit of repeat epidural injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In case, however, the applicant is off of work, on total temporary disability. There has been no demonstration lasting benefit or functional improvement with earlier blocks. The applicant is on a variety of opioid agents, including Butrans. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS despite at least one prior Epidural Injection. Therefore, the request for repeat Epidural Injection is not medically necessary.