MAXIMUS Federal Services

Case Number:	CM14-0018548		
Date Assigned:	04/18/2014	Date of Injury:	05/07/2012
Decision Date:	06/30/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/13/2014

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 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 May 7, 2012. 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; an MRI imaging of lumbar spine of December 21, 2013, notable for mild central and severe bilateral neuroforaminal narrowing at L4-L5; and extensive periods of time off of work. In a utilization review report dated February 7, 2014, the claims administrator denied a request for an L4-L5 lumbar epidural steroid injection. The applicant's attorney subsequently appealed. In a progress note dated March 17, 2014, the applicant reported persistent low back pain radiating to the left lower extremity. The applicant exhibited 4/5 strength on manual muscle testing about the lower extremities, it was suggested. Limited lumbar range of motion was noted secondary to pain and spasm. The applicant was placed off of work, on total temporary disability. An epidural steroid injection at the L4-L5 level was sought. In earlier notes of February 17, 2014 and January 20, 2014, the attending provider stated that the applicant had radiographic corroboration of his radiculopathy, remained off of work, on total temporary disability, and had failed conservative treatment in the form of physical therapy. It was not explicitly mentioned whether the applicant had had prior epidural injections on these occasions. The remainder of the file was surveyed, however. In a progress note dated March 3, 2013, the applicant's previous treating provider stated that the applicant had had an epidural injection done on September 5, 2012. The previous treating provider stated that this injection was not helpful. The applicant remained off of work, on total temporary disability. The applicant's previous treating provider stated that the applicant should therefore consider a surgical remedy, given the failure of the earlier epidural steroid injections. On a progress note of October 21, 2013, the applicant was again placed off of work, total temporary disability, and given prescriptions for Naprosyn, Protonix, and Terocin patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL STEROID INJECTION L4-5: Upheld

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

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

Decision rationale: No, the proposed L4-L5 epidural steroid injection is not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural block should be predicated on evidence of analgesia and functional improvement with earlier blocks. In this case, the applicant had at least one earlier lumbar epidural steroid injection. There is no evidence that the applicant has demonstrated any functional improvement as defined in MTUS 9792.20f following completion of the same. The applicant remains off of work, on total temporary disability. The applicant's work status is unchanged from visit to visit. The applicant is placed off of work on each occasion. The applicant remains reliant on various oral and topical medications, including Naprosyn and Terocin. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite completion of at least one prior lumbar epidural steroid injection. Therefore, the request for a repeat lumbar epidural steroid injection at L4-L5 is not medically necessary.