MAXIMUS Federal Services

Case Number:	CM14-0112888		
Date Assigned:	08/01/2014	Date of Injury:	05/06/2013
Decision Date:	10/16/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/18/2014

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 Family 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 May 6, 2013. Thus far, the applicant has been treated with analgesic medications; one prior epidural steroid injection, per the claims administrator; unspecified amounts of physical therapy; and an MRI imaging of June 10, 2013, notable for a shallow broad-based disk bulge measuring 5 mm with moderate left-sided recess stenosis at the L4-L5 level. In a Utilization Review Report dated June 26, 2014, the claims administrator denied a request for an epidural steroid injection. The applicant's attorney subsequently appealed. In a July 7, 2014 progress note, the applicant reported persistent complaints of 8/10 low back pain, exacerbated by physical activities including twisting, lifting, bending, and climbing. 5/5 bilateral lower extremity strength was noted with reportedly normal straight leg raising. The applicant reportedly exhibited diminished sensorium about the L5-S1 distribution. The attending provider furnished the applicant with a refill of Norco. It was stated that the applicant had had "poor pain relief" from an earlier epidural steroid injection. In an earlier note dated June 4, 2014, the attending provider stated that he wished the applicant to consider a repeat epidural steroid injection despite the fact that the applicant had received "poor pain relief" from the earlier epidural injection. The applicant was given a refill of Norco and asked to continue acupuncture. The applicant's work status was not clearly stated. Electrodiagnostic testing of December 3, 2013 was interpreted as negative for any radiculopathy. The applicant was given a rather proscriptive 5-pound lifting limitation on office visits of December 16, 2013 and January 9, 2014. It did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request in question represents a request for a repeat epidural steroid injection. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is seemingly off of work. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including acupuncture. The applicant continues to report pain complaints as high as 8/10 and has self-reported that the earlier epidural steroid injection was unsuccessful. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite one prior epidural injection. Therefore, the request for a repeat epidural steroid injection is not medically necessary.