

Case Number:	CM14-0153478		
Date Assigned:	09/23/2014	Date of Injury:	11/19/2010
Decision Date:	10/30/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/19/2014

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 pain syndrome reportedly associated with an industrial injury of November 9, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; unspecified amounts of acupuncture; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 25, 2014, the claims administrator denied a request for an L4-L5 epidural steroid injection with associated monitored anesthesia care. The claims administrator suggested that the applicant had had at least one prior epidural steroid injection. In a prescription form dated April 18, 2014, the attending provider furnished the applicant with several different topical compounded medications and oral suspensions, including a ketoprofen-containing cream, a cyclobenzaprine-containing cream, and various oral suspensions. The applicant's work status was not clearly stated. Lumbar MRI imaging of July 28, 2014 was notable for multilevel disk protrusion and degenerative disk disease of uncertain clinical significance. In a progress note dated July 29, 2014, the applicant was placed off of work, on total temporary disability. Acupuncture, extracorporeal shockwave therapy, localized intense neurostimulation, and multiple topical compounded agents, including Terocin, were endorsed. The applicant continued to report pain complaints ranging from 5-8/10 about the low back and neck, with derivative complaints of anxiety, depression, and psychological stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L5 Steroid Injection for Lumbar Spine, Nerve block Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: The request in question does represent a repeat epidural steroid injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, pursuit of repeat blocks should be predicated on evidence on lasting analgesia and functional improvement with earlier blocks. In this case, the applicant is off of work, on total temporary disability. The applicant remains highly reliant on various forms of medical treatment, including extracorporeal shockwave therapy, physical therapy, acupuncture, topical compounds, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite the prior epidural steroid injection. Therefore, the request for a repeat epidural steroid injection at L4-L5 is not medically necessary.

Monitored Anesthesia Care for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

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

Decision rationale: This is a derivative or companion request, one which accompanies the prior request for an epidural steroid injection. Since that request was deemed not medically necessary, the derivative or companion request for associated monitored anesthesia care is likewise not medically necessary.