

Case Number:	CM14-0168658		
Date Assigned:	10/16/2014	Date of Injury:	05/16/2009
Decision Date:	11/24/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/13/2014

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 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 16, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; sleep aids; epidural steroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 29, 2014, the claims administrator denied a request for an epidural steroid injection. In a progress note dated May 13, 2014, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant stated that she had issues with right leg weakness. The applicant was on Ambien, Celebrex, Protonix, Voltaren, Cozaar, Estrogen, hydrochlorothiazide, and phenobarbital, it was acknowledged. Epidural steroid injection therapy was endorsed. The applicant was asked to continue Ambien. The applicant was not working. The attending provider stated that previous epidural injections had proven beneficial in terms of diminishing the applicant's pain complaints. The applicant was asked to cease smoking. Permanent work restrictions were renewed, which the attending provider acknowledged were keeping the applicant off of work. The applicant had apparently been declared permanent and stationary in April 2011 and was apparently not working with the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Lumbar Epidural Injection Right L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 9792.20f Page(s): 46.

Decision rationale: The request in question represents a request for a repeat epidural steroid injection, the attending provider has acknowledged. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains highly dependent on various medications, including Ambien, Celebrex, Voltaren, Lorzone, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not medically necessary.