

Case Number:	CM14-0169261		
Date Assigned:	10/17/2014	Date of Injury:	10/27/2010
Decision Date:	11/24/2014	UR Denial Date:	09/15/2014
Priority:	Standard	Application Received:	10/14/2014

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 injured worker is a represented employee, who has filed a claim for chronic low back and hand pain reportedly associated with an industrial injury of October 27, 2010. Thus far, the injured worker has been treated with following: Analgesic medications; earlier lumbar laminectomy surgery in May 2012; unspecified amounts of physical therapy; and at least one prior epidural steroid injection. In a Utilization Review Report dated September 5, 2014, the claims administrator denied a request for an epidural steroid injection at L4-L5 and L5-S1. The injured worker's attorney subsequently appealed. In September 8, 2014 progress note, the injured worker reported ongoing complaints of low back pain with left leg weakness. The injured worker was status post earlier cervical fusion surgery, it was acknowledged. CT scanning of the lumbar spine had demonstrated severe neuroforaminal stenosis at the L4-L5 and L5-S1 levels along with the solid indwelling fusion procedure. An epidural injection was apparently endorsed. In a June 9, 2014, permanent and stationary report, it was acknowledged that the injured worker was status post multilevel lumbar fusion surgery on September 17, 2013. It was stated that the injured worker was permanent and stationary. The injured worker had undergone laminectomy surgery in 2012 followed by fusion surgery in 2013, it was acknowledged. A rather proscriptive 30-pound lifting limitation was endorsed, which has effectively resulted in the injured worker's removal from the workplace, it was acknowledged. In a June 16, 2014 progress note, the injured worker reported 8/10 low back pain and was given a 20-pound lifting limitation. In a June 27, 2013 orthopedic evaluation, it was acknowledged that the injured worker had at least one prior epidural steroid injection to that point in time, had failed the same; therefore, was intent on pursuing the surgical remedy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Epidural Steroid Injection at L4-5 and L5-S1: 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 Topic Page(s): 46. Decision based on Non-MTUS Citation MTUS 9792.20f.

Decision rationale: The request in question does represent a request for a repeat epidural injection. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural blocks should be predicated in evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the injured worker is off of work. Permanent work restrictions have seemingly remained in place, unchanged, from visit to visit. The injured worker continues to report severe pain complaints in the 8/10 or greater range. All the foregoing, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier epidural steroid injection therapy at various points over the course of the claim. Therefore, the request for a repeat epidural injection is not medically necessary.