

Case Number:	CM14-0175199		
Date Assigned:	10/28/2014	Date of Injury:	04/26/2011
Decision Date:	12/04/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/22/2014

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 April 26, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of manipulative therapy; and at least one prior epidural steroid injection in December 2013. In a Utilization Review Report dated October 9, 2014, the claims administrator denied a request for an L5-S1 epidural steroid injection. In a progress note dated June 9, 2014, difficult to follow, not entirely legible, the applicant reported multifocal complaints of neck and low back pain. The applicant was given Naprosyn, Protonix, and Tylenol No. 3 and asked to follow up in three weeks. The applicant's work status was not furnished on this occasion. On May 12, 2014, authorization was sought for a TENS-EMS device. On May 12, 2014, the attending provider suggested that the applicant pursue 12 sessions of chiropractic manipulative therapy while Naprosyn, Protonix, and Tylenol No. 3 were renewed. A rather proscriptive 10-pound limitation was endorsed, which the attending provider suggested that the applicant's employer was unable to accommodate. In an April 2, 2014 progress note, the attending provider acknowledged that the applicant had failed to return to work and had, moreover, been terminated by his former employer. Ongoing complaints of mid and low back pain were noted. The applicant was on Norco for pain relief. It was acknowledged that the applicant had undergone an earlier epidural steroid injection in December 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid injection L5-S1 x 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is off of work. The applicant remains dependent on a variety of analgesic medications, including Norco, Tylenol No. 3, Naprosyn, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite one prior epidural steroid injection therapy. Therefore, the request for a repeat epidural steroid injection is not medically necessary.