

Case Number:	CM14-0175867		
Date Assigned:	10/27/2014	Date of Injury:	05/16/2011
Decision Date:	12/31/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/17/2014

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 and myofascial pain syndrome reportedly associated with an industrial injury of September 15, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy, opioid therapy; adjuvant medications; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 31, 2014, the claims administrator has approved a request for Morphine, denied a request for Relafen, approved a request for Protonix, and approved a request for Neurontin. The applicant's attorney subsequently appealed. In a progress note dated October 21, 2014, the applicant reported 4 to 6/10 pain. The applicant had reportedly returned to work as a hardware floor installer. The applicant's medications were being used relatively regularly, it was stated. The applicant was deriving appropriate analgesia from pain medications; it was stated, despite some flare in pain complaints with bending and lifting activities. The applicant did have a history of previous illicit substance use, it was acknowledged. The applicant was asked to continue Morphine, Relafen, Protonix, and Neurontin in conjunction with home exercises. In a September 18, 2014 progress note, it was again stated that the applicant was deriving appropriate analgesia from ongoing medication consumption including ongoing Relafen usage. The applicant was apparently working full time as a hardware floor installer, it was reiterated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection at the left L4, L5, and S1 under fluoroscopy:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request in question represents a repeat epidural injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines notes that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work. The applicant has been deemed "permanently disabled," one of her treating providers has suggested. The attending provider's handwritten September 17, 2014 progress note failed to outline any material improvements in function achieved as a result of the prior epidural steroid injection. The fact that the applicant continues to remain dependent on various analgesic and adjuvant medications such as tramadol, Neurontin, etc., further argues against the applicant's having achieved any lasting benefit or functional improvement as defined in MTUS 9792.20f through earlier lumbar epidural steroid injections. Therefore, the request is not medically necessary.