

Case Number:	CM14-0179718		
Date Assigned:	11/04/2014	Date of Injury:	04/22/2009
Decision Date:	12/12/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/29/2014

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 22, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and multiple epidural steroid injections over the course of the claim; and work restrictions. In a Utilization Review Report dated October 9, 2014, the claims administrator denied epidural steroid injections (at L4-L5). The applicant's attorney subsequently appealed. In a September 10, 2014 progress note, the applicant reported ongoing complaints of low back pain. The attending provider stated that the applicant would be unable to work without his employer's willingness to accommodate limitations. It was stated that the applicant was pending a surgical evaluation. 8/10 low back pain radiating into the bilateral lower extremities was noted with 0.25-cm of atrophy appreciated about the right leg versus the left. The applicant was given refills of a topical compounded medication, Norco, Soma, Pamelor, morphine, and a naproxen cream. It was acknowledged that the applicant had received epidural injections in February 2011, April 2011, June 2011, December 2013, May 2013, and June 2013. The attending provider posited that the applicant was "proof" that epidurals when given close together work better. The attending provider stated that the applicant needed a series of two epidural steroid injections and/or lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural steroid injection bilateral L4-5, with anesthesia and fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines ESI Page(s): 46.

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

Decision rationale: The request in question does represent a repeat epidural injection. The applicant has had seven prior epidural steroid injections over the course of the claim. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, no more than two lifelong injections are recommended. The applicant has already had extensive epidural steroid injection therapy well in excess of MTUS parameters. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was given an extremely proscriptive 5-pound lifting limitation on the most recent office visit. The applicant remains dependent on a variety of opioid and non-opioid agents, including morphine, Norco, Soma, etc. The applicant is now considering a spine surgery consultation, it has further been established. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite extensive prior epidural injection therapy. Therefore, the request is not medically necessary.