

Case Number:	CM14-0179726		
Date Assigned:	11/04/2014	Date of Injury:	09/16/2011
Decision Date:	12/12/2014	UR Denial Date:	10/17/2014
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 September 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 17, 2014, the claims administrator denied a request for caudal epidural steroid injection at the L1-L2 level. The claims administrator's rationale was somewhat sparse but did seemingly suggest that the request was being interpreted as a repeat epidural block. The claims administrator stated that there was no evidence of benefit with earlier blocks and also stated that there was no compelling or conclusive evidence of radiculopathy here. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated April 3, 2014, the applicant reported ongoing complaints of low back pain, on and off for several years. The Medical-legal evaluator stated that apportionment to pre-existing issues and/or pre-existing episodes of low back pain was not indicated. It was stated that the applicant had been terminated by his former employer and had found alternate work as a territory sales representative, elsewhere. It was suggested that the applicant was continuing to maintain regular duty work status. The applicant was given a 29% whole-person impairment rating. The Medical-legal evaluator alluded to a lumbar MRI of December 10, 2011 demonstrating a large disk protrusion at L4-L5 causing bilateral recess stenosis, left greater than right and mild-to-moderate neuroforaminal stenosis at the L4-L5 level. The applicant also had evidence of an earlier laminectomy at the L3-L4 level and severe degenerative changes at L5-S1, the Medical-legal evaluator noted. The applicant had undergone epidural steroid injection

therapy on April 10, 2012 at the L4-L5 level. On June 17, 2014, the applicant went on to receive further caudal epidural steroid injection on October 8, 2013 and June 17, 2014, the latter of which was performed at the L1-L2 level. On August 20, 2014, the applicant's treating provider noted that the applicant reported an appropriate reduction in pain scores following an earlier epidural steroid injection. Pain ranging from 2-5/10 was noted. The applicant was working regular duty. The applicant was using Duexis, Neurontin, and Levoxyl, it was acknowledged. The applicant was given a diagnosis of failed back syndrome with residual lumbar radiculopathy appreciated about the right leg. A caudal epidural steroid injection was again endorsed. On October 1, 2014, it was reiterated that the applicant was working regular duty, despite ongoing lumbar radicular complaints. Authorization was sought for the caudal epidural steroid injection in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal ESI with Racz Catheter at L1-L2: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Low Back Complaints.

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

Decision rationale: The request in question does represent a repeat epidural injection. The applicant has had prior epidural steroid injection therapy following earlier lumbar spine surgery, the requesting provider has noted. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant has demonstrated functional improvement with earlier epidural injections as evinced by his successful return to and/or maintenance of regular duty work status. The applicant did not appear to be using any opioid analgesics. It does appear, in short, that the previous epidural injections have demonstrated functional improvement as defined by the parameters established in MTUS 9792.20f. Therefore, the request for a repeat caudal epidural steroid injection is medically necessary.