MAXIMUS Federal Services

Case Number:	CM14-0029093		
Date Assigned:	06/27/2014	Date of Injury:	08/21/2007
Decision Date:	07/31/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/05/2014

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 filed a claim for chronic low back pain reportedly associated with an industrial injury of August 21, 2007. Thus far, the applicant has been treated with the following, analgesic medications; attorney representation; earlier lumbar fusion surgery; opioid therapy; and earlier epidural steroid injection therapy. The applicant's attorney subsequently appealed. A January 2, 2014 progress note was notable for comments that the applicant had ongoing complaints of low back and neck pain status post lumbar and cervical fusion surgeries. The applicant was asked to continue OxyContin and try and reduce overall OxyContin consumption. A January 30, 2014 progress note was notable for comments that the applicant had persistent complaints of low back pain, severe, radiating to the bilateral lower extremities, left greater than right. The applicant reportedly had three months of pain relief with a previous epidural injection. Diminished 4/5 lower extremity strength was noted with positive straight leg raising and hypo-sensorium also appreciated. OxyContin was refilled. The applicant was asked to pursue an epidural steroid injection. The applicant's work status was not provided. The applicant did apparently undergo the epidural in question on February 28, 2014. The applicant later went on to have another epidural injection on May 20, 2014, also at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar L5-S1 Epidural Injection Right Side: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 46, Epidural Steroid Injections topic.2. MTUS 9792.20F Page(s): 46.

Decision rationale: The request in question did represent a repeat block. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and/or functional improvement with earlier blocks. In this case, however, the applicant has failed to achieve any lasting benefit or functional improvement as defined in MTUS 9792.20f through prior epidural injections in unspecified amounts. The applicant has seemingly failed to return to work. The applicant remains highly reliant and highly dependent on opioid therapy, including OxyContin. All the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite earlier ESIs. Therefore, the request for an L5-S1 epidural injection is not medically necessary.

Under Fluoroscopy Guidance: 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 page 46, Epidural Steroid Injections topic. Page(s): 46.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.