

Case Number:	CM14-0038843		
Date Assigned:	06/27/2014	Date of Injury:	05/04/2006
Decision Date:	08/20/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/02/2014

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 May 4, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; and at least one prior epidural steroid injection on February 3, 2014. In a utilization review report dated March 28, 2014, the claims administrator denied a request for an L4-L5 and L5-S1 epidural steroid injection on the grounds that there was no radiographic evidence of radiculopathy at the levels in questions. The applicant's attorney subsequently appealed. In a handwritten progress note dated October 31, 2013, the applicant was placed off of work, on total temporary disability and given prescriptions for Norco, Zanaflex, and Prilosec. In another handwritten note of February 28, 2014, again very difficult to follow and not entirely legible, the applicant was again described as having persistent complaints of low back pain radiating to the right leg. The applicant was status post discectomy and fusion, it was stated. It was stated that the applicant had been deemed 100% permanently disabled. Additional physical therapy, Zanaflex, Cymbalta, and Norco were endorsed. A home health assistant was sought. The attending provider stated that the earlier epidural steroid injection of February 3, 2013 was of no benefit. As noted previously, the note was extremely difficult to follow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Right L4-L5 and L5-S1 Transforaminal Epidural Steroid Injection (ESI) under anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and/or functional improvement with earlier blocks. In this case, however, the applicant is off of work. The applicant has been deemed permanently disabled. The applicant is using a variety of opioid and non-opioid medications, including Norco, Cymbalta, and Zanaflex. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite at least one prior epidural injection. Therefore, the request is not medically necessary.