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| Case Number: | CM14-0039423 | | |
| Date Assigned: | 06/27/2014 | Date of Injury: | 05/19/2011 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 04/01/2014 |
| Priority: | Standard | Application Received: | 04/03/2014 |

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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 19, 2001. Thus far, the applicant has been treated with the following: analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and a TENS unit. In a Utilization Review Report dated April 1, 2014, the claims administrator denied a request for an epidural steroid injection on the grounds that the applicant did not have radiographic corroboration of radiculopathy. The applicant's attorney subsequently appealed, stating that the applicant's medical-legal evaluator had endorsed the epidural injection in question. In a December 5, 2013 medical-legal evaluation, it was suggested that the applicant was status post earlier cervical fusion surgery. The medical-legal evaluator recommended multiple epidural steroid injections as well as 30-day trial of a TENS unit. The applicant was off of work, on total temporary disability, and had apparently last worked on July 15, 2011, it was acknowledged. The medical-legal evaluator suggested that the applicant might ultimately require a disk replacement surgery if various and sundry interventional spine procedures were unsuccessful. The applicant did report low back pain, 4-5/10, radiating to the bilateral lower extremities. The applicant did exhibit positive straight leg raising bilaterally with some hyposensorium noted about the lower extremities. The medical-legal report was surveyed. The applicant did have a history of having undergone earlier sacroiliac joint injections on July 15, 2013. In his report, the medical-legal evaluator referenced a May 20, 2013 progress report in which it was stated that the applicant had had a lumbar epidural steroid injection before. The medical-legal evaluator stated that the applicant had evidence of foraminal stenosis at the L4-L5 level and lateral recess compression at the L5-S1 level on MRI imaging. Aside from the medical-legal report, no other clinical progress notes were incorporated into the Independent Medical Review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection bilateral S1: Upheld

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

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

Decision rationale: The request for an epidural steroid injection at S1 is not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of functional improvement and lasting analgesia with earlier blocks. In this case, the applicant has had at least one prior block, it was been implied by the medical-legal evaluator. The applicant has, however, failed to respond favorably to the same. The applicant remains off of work, on total temporary disability, implying a lack of functional improvement as defined in MTUS 9792.20f despite at least one prior epidural steroid injection. Therefore, the request for a repeat epidural steroid injection is not medically necessary.