

Case Number:	CM14-0039867		
Date Assigned:	06/27/2014	Date of Injury:	02/19/2007
Decision Date:	09/11/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/04/2014

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 February 19, 2007. Thus far, the applicant has been treated with the following: analgesic medications, including opioid therapy; earlier lumbar laminectomy; adjuvant medications; and at least one prior epidural steroid injection in March 2013. In a Utilization Review Report dated March 26, 2014, the claims administrator denied a request for a left L5-S1 epidural steroid injection. The applicant's attorney subsequently appealed. In a March 13, 2014 office visit, the applicant reported low back pain ranging from 6-9/10. The applicant was on Neurontin, Wellbutrin, Lexapro, Colace, Norco, Motrin, Flexeril, Prilosec, and Silenor. The applicant had had prior epidural steroid injections in November 2010, June 2010, and March 2013, it was acknowledged. The attending provider sought authorization for repeat epidural steroid injection on the grounds that the earlier injection was reportedly beneficial. Multiple medications were renewed, including Silenor, Motrin, Neurontin, Prilosec, Lexapro, and Colace. The applicant was severely obese, with a body mass index (BMI) of 39. The applicant's work status was not clearly stated on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

left L5-S1 transforaminal epidural steroid injection: 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 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: "We recommend no more than two ESI injections." In this case, the applicant has had at least three prior epidural steroid injections over the life of the claim. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and/or functional improvement with earlier blocks. In this case, however, it did not appear that the applicant is working. The previous epidural steroid injections do not appear to have appreciably reduced the applicant's medication consumption, as the applicant remains highly reliant on various medications, including Neurontin, Wellbutrin, Norco, Motrin, Flexeril, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS Chronic Pain Medical Treatment Guidelines, despite the three prior epidural injections. Therefore, the request is not medically necessary.