

Case Number:	CM14-0047915		
Date Assigned:	07/02/2014	Date of Injury:	12/17/1991
Decision Date:	09/05/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/16/2014

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 December 17, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of chiropractic manipulative therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated March 21, 2014, the claims administrator denied a request for a lumbar epidural steroid injection. The claims administrator cited non-MTUS Third Edition ACOEM Guidelines in one section of its report and then stated that he was employing MTUS 9792.24.2 in other section of the report. However, the claims administrator did not incorporate either cited guidelines into its rationale. Overall rationale was quite sparse. In a handwritten progress note dated March 17, 2014, the applicant presented with persistent low back pain associated with radicular symptoms. The applicant apparently had great toe weakness, it was suggested. Gym membership, 12 sessions of manipulative therapy, 12 sessions of physical therapy, and an epidural steroid injection were sought while the applicant was placed off of work, on total temporary disability. Lumbar MRI imaging of May 11, 2013 was notable for multilevel degenerative changes, severe at the L3-L4 level. Relatively severe neuroforaminal narrowing was noted at L5-S1. In a November 18, 2013 pain management evaluation, the applicant presented with persistent complaints of low back pain. It was stated that the applicant had had an epidural steroid injection in the past, which "provided no relief." The applicant apparently presented with highly variable 6-7/10 pain. 5/5 lower extremity strength was noted. Epidural steroid injection therapy was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural Steroid Injection (unspecified level and laterality), as an outpatient:

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 Epidural Steroid Injections topic Page(s): 46.

Decision rationale: As noted by the applicant's pain management physician, this request does represent a request for a repeat injection as the applicant has had at least one prior lumbar epidural injection in the past. However, 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, however, the applicant does not appear to demonstrate any functional improvement with earlier blocks. The applicant remains off of work, on total temporary disability, it was suggested on multiple progress notes interspersed throughout 2013 and 2014, including on October 4, 2013 and March 17, 2014. The applicant remained highly reliant and highly dependent on other forms of medical treatment, including manipulative therapy and physical therapy. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f following completion of the prior lumbar epidural steroid injection. Therefore, the request is not medically necessary.