

Case Number:	CM14-0048324		
Date Assigned:	07/02/2014	Date of Injury:	12/27/2000
Decision Date:	08/08/2014	UR Denial Date:	04/09/2014
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 63-year-old applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 27, 2000. 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; and opioid therapy. In a Utilization Review Report dated April 9, 2014, the claims administrator denied a request for an L4-L5 epidural steroid injection. The claims administrator did not incorporate cited guidelines into its rationale and further suggested that the applicant had not had adequate therapy following an earlier epidural injection on November 6, 2013. The applicant's attorney subsequently appealed. In an April 2, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was reportedly able to walk up to two miles continuously through combination of epidural steroid injections and opioid therapy. The highly variable pain ranging from 2-8/10 was appreciated. The applicant was resting or reclining 50 to 75% of the waking days, it was stated in another section of the report. The applicant is using Norco and Kadian for pain relief. Epidural steroid injection therapy was reportedly sought. The attending provider stated that an earlier epidural injection of November 6, 2013 was unsuccessful. It was stated that the applicant was stable on Norco and Kadian. It was again stated the applicant was performing home exercises and yard work with the medication, somewhat incongruously, in another section of the report. The applicant's work status was not provided. An earlier note of March 5, 2014 suggested the applicant had received several months of pain relief with earlier epidural steroid injection therapy. The applicant's work status was again not furnished. The applicant did undergo an earlier epidural injection on November 6, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 intralaminar epidural steroid injection at L4-L5 under fluoroscopic guidance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural block should be predicated on evidence of lasting analgesia and/or functional improvement with earlier blocks. In this case, however, the applicant remains highly reliant and highly dependent on opioid medications such as Norco and Kadian, despite unspecified earlier epidural injections over the course of the claim. The applicant's work status had not been clearly outlined on any recent progress note, further arguing against functional improvement as defined in MTUS 9792.20f despite earlier epidural injections in unspecified amounts. Some of the attending provider's reporting is incongruous. Some portions of the attending provider's report suggested that the applicant is reclining and/or lying down 50 to 75% of the day while other sections of the report stated that the applicant is performing housework and yard work with medications and injection therapy. On balance, then, there is no concrete evidence of functional improvement as defined in MTUS 9792.20f through earlier epidural steroid injection therapy in unspecified amounts. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines recommends no more than two lifelong epidural injections. In this case, it does not clearly state how many prior epidural injections the applicant has had over the course of the claim. For all the stated reasons, then, the request is not medically necessary.