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| Case Number: | CM14-0050679 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 01/03/2003 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 02/26/2014 |
| Priority: | Standard | Application Received: | 03/20/2014 |

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 January 3, 2003. 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; adjuvant medications; earlier epidural steroid injections in 2003, 2005, and 2007; and trigger point injections. In a Utilization Review Report dated February 27, 2014, the claims administrator denied a request for repeat epidural injection. The applicant's attorney subsequently appealed. In an October 23, 2013 progress note, the applicant was described as permanent and stationary. The applicant was status post a lumbar fusion, it was noted. Tramadol was renewed and trigger point injections were performed. On December 4, 2013, the applicant reported 10/10, severe pain. The applicant stated that medication and trigger point injections were needed to maintain his functional state. Epidural steroid injection was again appealed. Trigger point injection was performed. Tramadol was refilled. On progress notes of January 16, 2014 and January 30, 2014, the attending provider again appealed the previously denied epidural injections. The applicant was given various medications, including tramadol, Naprosyn, Prilosec, and Toradol injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided L4-S2 LESI: Upheld

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

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be based on evidence of continuing pain relief and/or functional improvement with earlier blocks. In this case, however, the applicant is off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on various medications, including tramadol, Naprosyn, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite multiple epidural steroid injections over the course of the claim. Therefore, the request for repeat epidural steroid injections is not medically necessary.