

Case Number:	CM14-0056040		
Date Assigned:	07/09/2014	Date of Injury:	04/12/2010
Decision Date:	09/09/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/25/2014

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 April 12, 2010. 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; per the claims administrator, an earlier epidural steroid injection in 2012; earlier lumbar fusion surgery in 2010; and unspecified amounts of physical therapy. In a Utilization Review Report dated April 23, 2014, the claims administrator denied a request for an epidural steroid injection on the grounds that the applicant had reportedly had earlier epidural steroid injection therapy in 2012. The applicant's attorney subsequently appealed. In a March 12, 2014 progress note, the applicant reported persistent complaints of low back pain, 1/10. The applicant had comorbid anxiety and depression, it was acknowledged. Two-level epidural steroid injection therapy was sought. Work restrictions were endorsed. It was not clearly stated whether or not the applicant was working. The applicant was using OxyContin, Effexor, Remeron, and Ativan, it was suggested. In an earlier note dated March 11, 2014, the applicant was given refills of Naprosyn and Omeprazole. It was acknowledged that the applicant had had an earlier epidural steroid injection in December 2012. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Level Lumbar Epidural Steroid Injection (Bilateral L4-5 and L5-s1): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic,. MTUS 9792.20f Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functioning improvement with earlier blocks. In this case, the applicant has had at least one prior epidural steroid injection. It has, however, been no demonstration of functional improvement which would support further epidural injection. The applicant is off of work with permanent limitations in place. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains highly reliant and highly dependent of other forms of medical treatment, including psychotherapy, psychotropic medications, Oxycodone, Naprosyn, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS despite earlier epidural steroid injection therapy. Therefore, the request is not medically necessary.