

Case Number:	CM14-0059078		
Date Assigned:	07/09/2014	Date of Injury:	11/12/2012
Decision Date:	08/21/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/29/2014

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 associated with an industrial injury of November 12, 2012. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and at least one prior caudal epidural steroid injection. It was incidentally noted that the applicant had issues with superimposed diabetic neuropathy. In a progress note dated April 14, 2014, it was acknowledged that the applicant was not working. The applicant was given prescriptions for Morphine and Vicodin. The applicant was described as having persistent complaints of low back pain radiating to the right leg. The applicant's medications also included amlodipine, valsartan, Lopressor, and NovoLog. A second caudal epidural steroid injection was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Caudal ESI under Ultrasound Guidance: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation American Academy of Neurology 2007.

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, pursuit of repeat epidural steroid injection should be predicated on evidence of lasting pain relief and/or functional improvement achieved through earlier epidural blocks. In this case, however, there has been no demonstration of functional improvement through the prior epidural steroid injection. The applicant is off of work. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including opioid therapy with Morphine and Vicodin, as well as H-wave stimulation. All of the above, taken together, imply a lack of functional improvement. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that epidural blocks will be performed under fluoroscopic guidance as opposed to ultrasound guidance. For all of the stated reasons, the request is not medically necessary.