

Case Number:	CM14-0061698		
Date Assigned:	07/09/2014	Date of Injury:	04/29/2009
Decision Date:	08/26/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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 29, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and one prior epidural steroid injection, per the claims administrator. In a Utilization Review Report dated April 25, 2014, the claims administrator denied a request for an L5-S1 epidural steroid injection, citing a variety of non-MTUS guidelines, including non-MTUS AMA Guidelines and non-MTUS ODG Guidelines, although the MTUS did address the topic. In a physical therapy progress note of December 30, 2013, it was suggested that the applicant was unable to work and had failed to return to work since April 29, 2009. The applicant had superimposed issues with depression, anxiety, lateral epicondylitis, and a trigger finger, it was further noted. The applicant was using Soma, Valium, and Norco; it was suggested, as of that point in time. In a medical-legal evaluation of February 3, 2014, it was acknowledged that the applicant had had an earlier lumbar MRI of September 25, 2009, which was negative for any disk protrusion, stenosis, or acute abnormality. Only low-grade facet arthropathy was noted. The applicant was off work and was described as on disability. The applicant was described as smoking cigarettes on a daily basis and was also using marijuana intermittently for pain relief. A follow-up lumbar MRI of April 4, 2014 was notable for multilevel facet arthropathy at L3-L4 and L4-L5 with minimal L4-L5 and moderate L5-S1 neuroforaminal narrowing. Epidural lipomatosis was also noted, multilevel, between L3 and S1, causing mild spinal canal narrowing at these levels. On April 14, 2014, the applicant was described as having persistent complaints of low back pain radiating to the leg. The applicant had received a previous epidural steroid injection, it was acknowledged. The applicant had a pending

hearing before the Workers' Compensation Appeal Board (WCAB), it was suggested. Left lower extremity scored a 4+/5 to 5/5 versus 5/5 strength about the right lower extremity. The applicant was placed off work, on total temporary disability. An L5-S1 epidural steroid injection was sought. The applicant's medication list was not provided on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal Epidural Steroid Injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections: (Manchikanti, 2003) (CMs, 2004) (Boswell, 2007). Decision based on Non-MTUS Citation AMA Guides, 5th Edition: Radiculopathy, page 382-383 (Andersson, 2000) Official Disability Guidelines, Treatment in Workers' Compensation, 2014 web-based edition. web-based edition http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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

Decision rationale: The applicant has had one prior epidural steroid injection, making this request a request for repeat epidural block. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat blocks should be predicated on evidence of functional improvement and/or lasting analgesia with earlier blocks. In this case, however, the applicant is off work, on total temporary disability. There has been no evidence of lasting analgesia achieved through earlier blocks. The fact that the applicant remains off work, on total temporary disability argues against any functional improvement achieved with the earlier block in terms of the parameters established in the MTUS Guidelines. Therefore, the request is not medically necessary.