

Case Number:	CM14-0066660		
Date Assigned:	07/11/2014	Date of Injury:	05/18/2000
Decision Date:	09/18/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/09/2014

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 May 18, 2000. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; multiple hand and wrist surgeries; extensive prior hand, wrist, and elbow surgeries; and several prior caudal epidural steroid injections over the course of the claim, including as early as 2005, per the claims administrator. In a Utilization Review Report dated April 24, 2014, the claims administrator denied a request for an epidural steroid injection. The claims administrator did not incorporate any guidelines into its rationale and did not, furthermore, state which guidelines he was basing his denial on. In a historical July 27, 2007 Utilization Review Report, three caudal epidural steroid injections were apparently approved. In an April 4, 2014 progress note, the applicant was described as having persistent complaints of elbow pain status post right elbow above the elbow amputation. The applicant also had 2-3/10 low back pain. The applicant stated that he would like to obtain a repeat epidural steroid injection. The applicant had had a prior epidural injection in 2011, the attending provider reported. The applicant was on Neurontin, Norco, Levoxyl, Zestril, Lopressor, and Prevacid, it was stated. The applicant had been deemed disabled, the attending provider suggested. The applicant was asked to pursue a repeat epidural steroid injection and obtain a replacement arm prosthesis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Caudal Epidural Steroid Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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 injection should be predicated on evidence of lasting analgesia and/or functional improvement with earlier blocks. In this case, however, the applicant has seemingly failed to return to work and has been deemed disabled, the attending provider has posited. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including several analgesic and adjuvant medications, which include opioids such as Vicodin. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite earlier extensive epidural steroid injection therapy. Therefore, the request is not medically necessary.