

Case Number:	CM14-0069750		
Date Assigned:	07/14/2014	Date of Injury:	08/16/2013
Decision Date:	09/11/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/14/2014

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 low back pain reportedly associated with an industrial injury of August 16, 2013. 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; earlier epidural steroid injection therapy at L4-L5 on February 25, 2014; sacroiliac joint injection therapy; and greater trochanteric bursa injection therapy. In a Utilization Review Report dated April 29, 2014, the claims administrator denied a request for an L3-L4 transforaminal epidural steroid injection. The claims administrator did cite lumbar MRI imaging of January 2, 2014, notable for multilevel disk protrusions with associated facet arthropathy, including at the L3-L4 level, at which a 3.5 to 4.3 mm disk protrusion was appreciated. The claims administrator stated that there was not evidence of radiculopathy at the L3-L4 distribution so as to justify an epidural steroid injection of that level. The claims administrator suggested that the applicant undergo electrodiagnostic testing to identify the source of radicular pain. The applicant's attorney subsequently appealed. In January 14, 2014 progress note, the applicant was described as off of work, on total temporary disability. Persistent complaints of low back and SI joint pain were noted. Overall level pain score is 9/10. The applicant was using Motrin for pain relief. Additional manipulative therapy was sought. The applicant was placed off of work, on total temporary disability. On February 6, 2014, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant had not returned to work as a bus driver, it was acknowledged. The applicant was on Lyrica and Vicodin. An L4-L5 epidural steroid injection, Lyrica, and home exercises were sought. The applicant underwent L4-L5 epidural steroid injection request on February 25, 2014. In a progress note dated April 18, 2014, the applicant was again described as having persistent complaints of low back pain radiating to the left leg.

The applicant was using Norco, Lyrica, and Vicodin, it was stated. The applicant was obese, with a BMI of 32. Weakness is noted about the left leg. An epidural steroid injection at the L3-L4 level was sought. The attending provider stated that the goals of epidural steroid injection therapy were to facilitate physical therapy and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-L4 transforaminal epidural steroid injection: 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 page 46, Epidural Steroid Injections topic.2. MTUS 9792.20f. Page(s): 46.

Decision rationale: The request in question represents a repeat epidural block. The applicant has had at least one prior block, at the L4-L5 level. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat blocks will be predicated on evidence of functional improvement with earlier blocks. In this case, however, the applicant is off of work, on total temporary disability, and remains highly reliant on various analgesic and adjuvant medications, including Norco, Vicodin, and Lyrica. It does not appear, in short, that the earlier block has demonstrated any functional improvement in terms of parameters established in MTUS 9792.20f. It is further noted that the attending provider's concurrent pursuit of epidural blocks, sacroiliac joint blocks, and trochanteric bursa blocks, taken together, do imply a considerable lack of diagnostic clarity. Therefore, the request is not medically necessary.