

Case Number:	CM14-0084128		
Date Assigned:	07/21/2014	Date of Injury:	08/19/2013
Decision Date:	11/26/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/05/2014

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, hip, and thigh pain reportedly associated with cumulative trauma at work first claimed on August 19, 2013. Thus far, the applicant has been treated with following: Analgesic medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. The claims administrator did suggest that the applicant had undergone prior facet joint injections at the L5-S1 level on the April 29, 2014. In a Utilization Review Report dated May 20, 2014, the claims administrator denied multilevel epidural steroid injections. The applicant's attorney subsequently appealed. The applicant's attorney subsequently appealed. In a procedure note dated June 10, 2014, the applicant did undergo epidural steroid injection therapy at the L5 level. In June 26, 2014 progress note; the applicant reported ongoing complaints of low back pain radiating to left leg. The applicant also had derivative complaints of left knee pain. The applicant was working with 10-pound lifting limitation in place. The applicant was returned to regular duty work, on a trial basis. It was stated that the applicant's "previous epidural steroid injection at L5 had not helped her much." In an August 18, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the right leg on this occasion. It was stated that the applicant was "working light duty." The applicant was released back to her usual and customary work on this occasion. Lumbar MRI imaging of February 10, 2014 was notable for mild central stenosis at L4-L5 with an annular tear and a very small central disk protrusion with facet hypertrophy and mild foraminal stenosis noted at L5-S1. The epidural steroid injection at issue was apparently sought via May 13, 2014, progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 Transforaminal Epidural Steroid Injections (ESI) Quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI (Epidural Steroid Injections) Page(s): 46.

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

Decision rationale: While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. The request for two epidural steroid injections at the L5 level, however, does not contain a proviso to reevaluate the applicant between the proposed blocks to ensure a favorable response to the first block for determining whether to pursue the second block. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does not endorse the series of three epidural steroid injections or, by implication, the series of two epidural steroid injections being sought here. Therefore, the request is not medically necessary.

Possible S1 Transforaminal Epidural Steroid Injections (ESI) Quantity 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI(Epidural Steroid Injections) Page(s): 46.

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, the current medical evidence does not support a series of three epidural steroid injections or, by implication, the series of two epidural injections which were sought here. Rather, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that requesting provider has based the decision to pursue repeat epidural blocks on the presence or absence functional improvement with earlier blocks. The request, thus, as written, runs counter to MTUS principles and parameters. Therefore, request is not medically necessary.