

Case Number:	CM14-0088227		
Date Assigned:	07/23/2014	Date of Injury:	05/16/2009
Decision Date:	09/29/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/12/2014

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 16, 2009. 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; sleep aids; topical agents; and extensive periods of time off of work. In a utilization review report dated June 4, 2014, the claims administrator denied a request for epidural steroid injection therapy, stating that there was no clear evidence of radiculopathy at the level in question. It was not stated whether or not stated the request was a first-time request versus a repeat request. The applicant's attorney subsequently appealed. On December 3, 2013, the applicant was using Ambien, Celebrex, Protonix, Voltaren, Cozaar, estrogen, hydrochlorothiazide, and belladonna. The applicant was not working with permanent restrictions in place. Ambien was refilled for sleep. The applicant continued to report low back pain radiating to the right leg. On May 13, 2014, the attending provider complained that the earlier epidural steroid injection had been denied. The applicant reported persistent complaints of low back pain radiating to the leg. The applicant was still smoking, it was acknowledged. The applicant was on Ambien, Celebrex, Protonix, Voltaren, Cozaar, estrogen, hydrochlorothiazide, and belladonna, it was noted. Some hypo-sensorium was noted about the right foot with well-preserved motor function appreciated about the bilateral lower extremities. The epidural injection was appealed. The attending provider suggested that previous epidural injection had proven successful and that the applicant had proven unresponsive to other conservative measures. The applicant was not working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

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

Decision rationale: According to the treating provider, the request in question represents a repeat epidural steroid injection. However, as noted in the Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement of earlier blocks. In this case, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on various oral and topical agents, including Celebrex, Ambien, Voltaren gel, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite earlier epidural injections over the life of the claim. Therefore, the request for lumbar epidural steroid injection at L4-L5 is not medically necessary or appropriate.