

Case Number:	CM14-0089244		
Date Assigned:	07/23/2014	Date of Injury:	06/02/2002
Decision Date:	10/10/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/13/2014

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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 2, 2002. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; earlier lumbar spine surgery; and at least two prior epidural steroid injections on September 11, 2013 and January 22, 2014. In a utilization review report dated June 12, 2014, the claims administrator denied a request for repeat epidural steroid injection. The patient's attorney subsequently appealed. In a medical-legal evaluation of April 30, 2013, the patient was described as a former electrician for [REDACTED]. The patient was no longer working, it was noted, having retired in July 2005. The patient was also using medical marijuana, it was stated, and was growing his own marijuana at home, it was further noted. The patient had relocated to [REDACTED] it was suggested. On January 13, 2014, it was suggested that the patient could be a candidate for multilevel cervical spine surgery. On December 31, 2013, the patient's treating provider sought authorization to repeat L4-L5 transforaminal epidural steroid injection therapy. The patient was given a diagnosis of failed back syndrome. Oxycodone and Soma were renewed. On July 28, 2014, the patient was described as status post cervical fusion surgery at C4 through C7. The patient had had another epidural steroid injection, it was acknowledged. The patient was still using medical marijuana. The patient was given a refill of Oxycodone, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 transforaminal epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request in question represents a request for a repeat block. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat block should be predicated on evidence of lasting analgesia and/or functional improvement with earlier blocks. In this case, the applicant is off of work, although it was acknowledged that this may be a function of age (68) as opposed to a function of the industrial injury. The applicant has, however, failed to demonstrate other markers of functional improvement as defined in MTUS 9792.20f. Specifically, the applicant remains highly reliant and highly dependent on numerous opioid and non-opioid agents including oxycodone, Soma, and marijuana. All the above, taken together, suggest that the previous epidural steroid injections were not altogether effectual. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines recommends no more than two lifelong epidural blocks and that the applicant had seemingly had several blocks over the course of the claim. For all the stated reasons, then, the request is not medically necessary.