

Case Number:	CM14-0188453		
Date Assigned:	11/19/2014	Date of Injury:	10/27/1997
Decision Date:	01/07/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/12/2014

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 injured worker is a represented employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 27, 1997. In a Utilization Review Report dated October 26, 2014, the claims administrator non-certified the request for an epidural steroid injection. The claims administrator noted that the injured worker undergone an earlier lumbar fusion surgery. The claims administrator suggested that the injured worker had not fared favorably following an earlier epidural block. The claims administrator's decision was based on a September 4, 2014 office visit. The applicant's attorney subsequently appealed. On said September 4, 2014 office visit, the injured worker reported ongoing complaints of low back pain, 4-5/10. The attending provider suggested that the injured worker had had previous epidural steroid injections, noting that the injured worker's pain complaints had been alleviated through epidural steroid injection therapy and medications. The injured worker was given diagnosis of failed back syndrome status post failed spine surgery. The injured worker was using Norco for pain relief. It was suggested that the injured worker was also using Lunesta on a p.r.n. basis and that the injured worker had discontinued Soma. The injured worker's BMI was 31. Repeat epidural steroid injection therapy was sought. The injured worker was asked to employ heightened dose of Norco while remaining off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Transforaminal Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Epidural Steroid Injections. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request in question does represent a repeat epidural injection. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence on lasting analgesia and functional improvement with earlier blocks. However, the injured worker is off of work, on total temporary disability. The injured worker remains dependent on opioid agents, such as Norco and is employing a heightened dosage of Norco; it was suggested on the September 4, 2014 office visit, referenced above. All of the foregoing suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior epidural steroid injection therapy. Therefore, this request is not medically necessary.