

Case Number:	CM14-0188653		
Date Assigned:	11/19/2014	Date of Injury:	01/15/2009
Decision Date:	01/12/2015	UR Denial Date:	10/10/2014
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 Family 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 January 15, 2009. In a Utilization Review Report dated October 10, 2014, the claims administrator partially approved a request for electro diagnostic testing of bilateral lower extremities and a lumbar epidural steroid injection as electro diagnostic testing of bilateral lower extremities alone. The claims administrator alluded to an earlier lumbar MRI imaging of March 17, 2014 notable for a low-grade 1- to 2-mm disk bulge at the L5-S1 level. The epidural steroid injections were apparently denied because the applicant had had previous epidural injection without benefit. Non-MTUS ODG Guidelines were invoked along with MTUS Guidelines to deny the epidural injection, despite the fact that the MTUS addresses the topic. The claims administrator stated that its decision was based on an RFA received October 10, 2014. The applicant's attorney subsequently appealed, via a November 6, 2014 letter. Electro diagnostic testing of the lower extremities dated July 26, 2014 were suggestive of bilateral, chronic active L4-L5 and L5-S1 radiculopathy. The electro diagnostician stated that the applicant was off work, on total temporary disability, owing to ongoing complaints of 7/10 low back pain radiating into the bilateral lower extremities. The applicant had alleged development of low back pain secondary to cumulative trauma at work, it was stated. The applicant's medications included Ambien, Neurontin, Elavil, Motrin, Vicodin, and tramadol, per the electro diagnostician. In an August 5, 2014 primary treating physician progress note, the applicant reported persistent complaints of low back pain radiating into the right leg. It was stated that the applicant wished to discuss the benefits of pursuing a repeat epidural injection. The applicant was on Motrin, Restoril, Flurbiprofen containing compound, and a gabapentin containing compound, it was acknowledged. The applicant had ancillary complaints of depression, anxiety, difficulty sleeping, and difficulty concentrating. The applicant

was placed off work, on total temporary disability. Electro diagnostic testing was sought. The primary treating provider acknowledged that the applicant had had two prior epidural steroid injections one and a half years prior.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Epidural 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 Page(s): 46.

Decision rationale: Per the claims administrator and the applicant's primary treating provider, the request in question represents a request for repeat epidural steroid injection therapy. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off work, on total temporary disability, despite having two prior epidural steroid injections. The applicant remains dependent on various analgesic medications, including topical compounds, Motrin, Restoril, Vicodin, tramadol, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite at least two prior epidural steroid injections at various points over the course of the claim. Therefore, the request for a repeat lumbar epidural injection is not medically necessary.