

Case Number:	CM14-0196932		
Date Assigned:	12/04/2014	Date of Injury:	04/20/2011
Decision Date:	01/22/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/24/2014

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 has filed a claim for neck and back pain reportedly associated with an industrial injury of April 20, 2011. In a Utilization Review Report dated November 17, 2014, the claims administrator denied a request for an L2-L3 and L5-S1 lumbar epidural steroid injection. The claims administrator stated that the applicant had previously received epidural steroid injection therapy as recently as May 21, 2014 and received prior epidural steroid injections in 2007 and 2013 as well. The claims administrator cited a November 11, 2014 progress note in its denial. The applicant's attorney subsequently appealed. In a progress note dated November 13, 2014, the applicant reported ongoing complaints of shoulder pain. The applicant was described as having right shoulder symptoms with some signs of internal impingement noted. The applicant's work status was not clearly stated. In a November 12, 2014 RFA form; epidural steroid injection therapy was sought. In an associated progress note of November 11, 2014, the applicant reported ongoing complaints of low back pain radiating into the legs. It was stated that the applicant's functional capacity had recently declined. The attending provider stated that earlier injections, including earlier facet injections and earlier epidural steroid injections had profited the applicant. Trigger point injections were performed in the clinic. Epidural steroid injection therapy was sought. The applicant's medications list was not attached. The applicant's work status was not provided. In a Medical-legal Evaluation dated October 16, 2014, the applicant reported ongoing issues with multifocal pain complaints, including neck pain and low back pain. The applicant was using OxyContin, Percocet, Soma, Zestril, Ambien, and Motrin, it was acknowledged. The applicant had undergone multiple shoulder surgeries, knee surgeries, six epidural steroid injections, and multiple facet injections. The applicant was using a CPAP device for sleep apnea. The applicant suggested that his ability to perform activities of daily living had all been constrained as a result of the injury, including walking, lifting, sitting, climbing, stooping, etc. It

was stated at the bottom of the report that the applicant had already been granted "disability retirement."

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2-3 and L5-S1 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 Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, the applicant is off of work. The applicant has been granted disability retirement, it has been acknowledged above. The applicant has had six prior epidural steroid injections, it is noted, seemingly well in excess of the two lifelong injections recommended on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. The fact that the applicant remains off of work, coupled with the fact that the applicant remains dependent on various and sundry analgesic medications, such as Motrin, OxyContin, Percocet, Soma, etc., suggests a lack of functional improvement as defined in MTUS 9792.20f, despite multiple prior epidural steroid injections already well in excess of MTUS parameters. Therefore, the request for an additional epidural steroid injection is not medically necessary.