

Case Number:	CM14-0198927		
Date Assigned:	12/09/2014	Date of Injury:	07/17/2009
Decision Date:	02/11/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/26/2014

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 July 17, 2009. In a Utilization Review Report dated November 14, 2014, the claims administrator denied a request for epidural steroid injections at L4-L5 and L5-S1. The claims administrator referenced lumbar MRI imaging of September 7, 2014, an office visit of August 4, 2014, and office visits of July 1, 2014, September 30, 2014, and November 5, 2014 in its determination. The claims administrator stated that the attending provider failed to document a favorable response to the earlier epidural block. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated January 22, 2014, the applicant reported ongoing complaints of low back pain. The applicant was status post earlier lumbar spine surgery in 1994. Severe low back pain radiating to the bilateral legs was appreciated, 7-9/10. The applicant was using a cane at times. The applicant reported difficulty sleeping. The applicant reported that sitting and standing are problematic. The applicant had last worked in July 2009, had received total temporary disability benefits through October 2009, and had gone on to receive State Disability Insurance (SDI) benefits. The applicant was not working, it was acknowledged, at this point in time, although the medical-legal evaluator suggested that this might be a function of age as opposed to a function of the industrial injury. In a handwritten note dated December 8, 2014, the applicant reported severe low back pain. It was stated that the applicant wished to consider surgery, such as a possible fusion. The applicant was counseled about substance dependence. The applicant was 67 years old. Limited range of motion was noted. The note was extremely difficult to follow. The applicant was asked to remain off of work, on total temporary disability, while an additional epidural steroid injection was sought. It appeared that the applicant was using Norco and Motrin as of this point in time. In an earlier note dated November 6, 2014, the applicant was again placed off of work, on total

temporary disability, for an additional 45 days. The applicant was asked to continue medications, which seemingly included Gabapentin, it was stated on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural Steroid Injection Left Lumbar L4/5, L5/S1: Upheld

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

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

Decision rationale: The request in question does represent a repeat block. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was/is off of work, on total temporary disability. The applicant remains dependent on a variety of analgesic and adjuvant medications, including Norco, Neurontin, Motrin, etc. All of the foregoing, taken together, argues against any functional improvement achieved through earlier blocks as defined by the parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.