MAXIMUS Federal Services

Case Number:	CM14-0201041		
Date Assigned:	12/12/2014	Date of Injury:	06/18/2008
Decision Date:	01/30/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/02/2014

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, has a subspecialty in ENTER SUBSPECIALTY 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 May 29, 1970.In a Utilization Review Report dated November 21, 2014, the claims administrator failed to approve a request for left-sided L5-S1 transforaminal epidural steroid injection.The applicant's attorney subsequently appealed.In a December 12, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the bilateral legs, right greater than left, 7-8/10. The applicant acknowledged that she was not working but stated that she wished to return to work. 4+ to 5/5 right lower extremity strength was appreciated with hyposensorium noted about the right leg. Epidural steroid injection therapy was sought while the applicant was placed off of work, on total temporary disability. Norco, naproxen, Protonix, Flexeril, Neurontin, and Colace were renewed. The attending provider acknowledged that the applicant had had at least one prior epidural steroid injection.On November 14, 2014, the applicant reported persistent complaints of low back pain radiating into the legs, left greater than right, 4-7/10. The applicant had had recent knee surgery. The applicant was placed off of work, on total temporary disability, while epidural steroid injection therapy was endorsed. Norco, naproxen, Protonix, Flexeril, Neurontin, and Colace were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left side transforaminal & translaminar lumbar epidural steroid injection at L5-S1: Upheld

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

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 epidural block. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on various opioid and non-opioid medications, including Norco, Neurontin, naproxen, Flexeril, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier epidural blocks. Therefore, the request for a repeat epidural block is not medically necessary.