

Case Number:	CM14-0201787		
Date Assigned:	12/12/2014	Date of Injury:	12/14/2011
Decision Date:	01/30/2015	UR Denial Date:	11/10/2014
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, 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 December 14, 2011. In a Utilization Review Report dated November 10, 2014, the claims administrator denied a L4-L5 lumbar epidural steroid injection. The claims administrator referenced an October 10, 2014 progress note in its denial. The claims administrator stated that the applicant had had multiple prior epidural steroid injections, including as recently as March and April 2014. The claims administrator contended that the applicant has failed to profit, from the earlier epidural blocks. In a progress note dated May 9, 2014, the applicant reported persistent complaints of low back pain status post earlier lumbar spine surgery. A rather proscriptive 10-pound lifting limitation was endorsed. The attending provider suggested that the applicant was not working with said limitations in place. On June 13, 2014, the applicant reported 8/10 low back pain despite ongoing usage of Relafen, Norflex, Norco, Terocin, and Neurontin. The applicant's work status was not provided. On August 8, 2014, the applicant was given an unchanged, rather prescriptive 10-pound lifting limitation. It was stated that epidural steroid injections had previously been performed and were reportedly beneficial. Functional capacity evaluation was endorsed. It was suggested that the applicant would be deemed permanent and stationary shortly thereafter.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural injection at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation ODG for Low Back regarding epidural steroid injections (ESIs)

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

Decision rationale: The request in question does represent a request for repeat epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines notes that repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was/is off of work. The applicant's pain complaints are seemingly heightened from visit to visit as opposed to reduce from visit to visit, despite prior epidural steroid injection therapy. The applicant has a rather proscriptive 10-pound lifting limitation, which remains in place, unchanged, from visit to visit, seemingly resulting in the applicant's removal from the workplace. The applicant remains dependent on a variety of opioid and non-opioid agents, including Norco, Norflex, Terocin, Neurontin, etc. All of the foregoing, taken together, suggests a lack functional improvement as defined in MTUS 9792.20f despite multiple prior epidural blocks. Therefore, the request for a repeat epidural injection is not medically necessary.