

Case Number:	CM14-0201871		
Date Assigned:	12/12/2014	Date of Injury:	11/19/1999
Decision Date:	01/30/2015	UR Denial Date:	11/04/2014
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 April 13, 1998. In a utilization review report dated November 4, 2014, the claims administrator failed to approve the request for an epidural steroid injection. In his utilization review report, the claims administrator referenced an October 17, 2014 progress note. The claims administrator contended that the applicant did not have radiographic or electrodiagnostic corroboration of radiculopathy. It was not clearly stated whether the request was a first-time request or a renewal request. The applicant's attorney subsequently appealed. In a December 19, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant's medication list included tramadol, Neurontin, Rozerem, and Robaxin. The applicant denied any numbness or tingling or focal neurologic deficits in the review of systems section of the report, it was stated. The applicant had lumbar MRI on November 4, 2014 demonstrating advanced facet arthritis and high-grade neural foraminal stenosis at the L5 level. The applicant had undergone an epidural steroid injection on March 22, 2002, it was stated, and had electrodiagnostic corroborated radiculopathy as of an EMG test of June 4, 2003, it was further noted. The applicant had undergone further epidural steroid injections in 2003 and 2004, it was noted. The applicant's BMI was 24. The applicant had also received multiple piriformis blocks, radiofrequency ablation procedures, and various other procedures over the course of the claim. The attending provider appealed the previously denied epidural steroid injection, stating that an earlier block of September 2013 had demonstrated significant analgesia. The applicant was walking with the aid of a cane. The note was very difficult to follow and mingled historical complaints and current complaints. The applicant was asked to restart trazodone, continue tramadol, try Robaxin, and continue Neurontin. It was stated that the applicant should discontinue Norco. Permanent work

restrictions were renewed. The applicant did not appear to be working with said permanent limitations in place. In a Medical-Legal Evaluation dated October 12, 2005, it was acknowledged that the applicant had taken a medical retirement from [REDACTED] and was currently unemployed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal lumbar epidural steroid injection; left L4 & L5: Upheld

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

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 request for a repeat epidural steroid injection. 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. Here, however, the applicant was/is off of work, although it is acknowledged that this may, in part, represent a function of age (71) as opposed to a function of the applicant's chronic pain complaints. Nevertheless, the attending provider has failed to outline any material or lasting evidence of improvement in function achieved as a result of the prior epidural blocks. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains dependent on various analgesic and adjuvant medications, including tramadol, Robaxin, Neurontin, and Desyrel. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f). Therefore, the request for a repeat epidural steroid injection is not medically necessary.