

Case Number:	CM14-0202898		
Date Assigned:	12/15/2014	Date of Injury:	06/12/2001
Decision Date:	02/09/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/04/2014

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 June 12, 2001. In a utilization review report dated November 14, 2014, the claims administrator denied a lumbar epidural steroid injection at the L4-L5 level. The claims administrator referenced an RFA form received on November 11, 2014 in its determination. It was stated that the applicant had undergone an earlier lumbar fusion surgery. The claims administrator seemingly suggested that the applicant did not have definitive evidence of radiculopathy, citing a lumbar MRI of October 30, 2014 demonstrating a solid lumbar fusion procedure. The claims administrator did seemingly suggest that the applicant had received an L3-L4 epidural injection one year prior. The applicant's attorney subsequently appealed. The October 30, 2014 lumbar MRI was reviewed and notable for a solid fusion at L4-L5 and L5-S1. Moderate bilateral neural foraminal stenosis was noted at L3-L4 with mild-to-moderate bilateral central canal stenosis noted at L2-L3. Disc degeneration was also noted, multilevel. On February 17, 2014, the applicant underwent a surgical scar revision, revision of lumbar laminectomy, and partial facetectomy with foraminotomy at L3-L4, L4-L5, and L5-S1 with exploration of spinal fusion and replacement of hardware to ameliorate preoperative diagnoses of residual spinal stenosis with pseudoarthrosis at L5-S1. In a handwritten progress note dated April 30, 2014, the applicant reported ongoing complaints of low back pain. The applicant apparently had issues with gynecomastia. Testosterone levels were sought. A repeat sacroiliac joint injection was endorsed while Lyrica, Soma, Dilaudid, Elavil, and morphine were renewed. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working. In a handwritten note dated July 28, 2014, the applicant again reported persistent complaints of low back pain. The applicant was using MS Contin, Dilaudid, Soma, Lyrica, Elavil, and Colace. Large portions of the

progress note were difficult to follow. The attending provider suggested that the applicant consider an epidural steroid injection versus repeat surgery versus spinal cord stimulator. In another handwritten progress note dated October 24, 2014, the applicant reported 7.5/10 pain. The applicant's medication list included Dilaudid, morphine, Lyrica, Soma, and Elavil. The applicant's work status was not clearly outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid lumbar epidural with fluroscopic guidance and depo-medrol at L4-L5 QTY#1:

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 Topic.MTUS 9792.20(f). Page(s): 46.

Decision rationale: Based on the claims administrator's utilization review report, the request represents a request for a repeat epidural steroid injection as the applicant has had at least one prior epidural steroid injection to date. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural blocks should be predicated in evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant is seemingly off work and remains dependent on a variety of opioid agents, including morphine and Dilaudid as well as a variety of non-opioid agents, including Soma and Lyrica. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite at least one prior epidural steroid injection. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that evidence of radiculopathy should generally be radiographically and/or electrodiagnostically confirmed. Here, lumbar MRI imaging of October 30, 2014 did not demonstrate conclusive or compelling evidence of radiculopathy at the level in question, L4-L5. Therefore, the request is not medically necessary.