

Case Number:	CM14-0207099		
Date Assigned:	12/19/2014	Date of Injury:	04/06/2013
Decision Date:	02/17/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/10/2014

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 6, 2013. In a Utilization Review Report dated November 15, 2014, the claims administrator failed to approve a request for a second epidural steroid injection. The applicant had apparently undergone an earlier epidural steroid injection on December 6, 2014, the claims administrator contented. A progress note of October 7, 2014, was referenced in the determination. The applicant's work status was not provided. On October 30, 2014, the attending provider noted that the applicant had ongoing complaints of mid back pain, trapezius pain and low back pain. The applicant reportedly exhibited negative straight leg raising. Ancillary complaints of wrist pain and calf pain were noted. The applicant did exhibit hyposensorium about the bilateral arms. Non-antalgic gait was noted, however. The applicant was given a diagnosis of cervical radicular syndrome. A second lumbar epidural steroid injection was endorsed. Norco was refilled. A 20-pound lifting limitation was endorsed. The attending provider suggested that the applicant's employer was not able to accommodate said limitations. On an earlier note of August 7, 2014, the applicant was given a rather proscriptive 20- pound lifting limitation, again stating that it did not appear that the applicant's employer was able to accommodate said limitation. Tramadol was endorsed. On July 10, 2014, the same, unchanged, rather proscriptive 20-pound lifting limitation was again renewed along with Norco. It did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second Lumbar Epidural Steroid Injection under anesthesia: 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: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement achieved with earlier blocks. Here, however, the applicant was/is seemingly off of work with a rather proscriptive, unchanged, 20-pound lifting limitation in place, unchanged, from visit to visit. The applicant remains dependent on opioid agents such as Norco and tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.02f despite receipt of at least one prior epidural steroid injection. Furthermore, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines notes that epidural steroid injections are recommended as an option in the treatment of radicular pain. Here, however, there was no explicit mention of discussion of lumbar radicular pain complaints or lumbar radicular signs present on the October 30, 2014 office visit on which the epidural steroid injection in question was sought. Therefore, the request is not medically necessary.