

Case Number:	CM14-0021589		
Date Assigned:	05/05/2014	Date of Injury:	06/06/2003
Decision Date:	01/21/2015	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/20/2014

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 who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 6, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy; opioid therapy; psychotropic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated February 10, 2014, the claims administrator failed to approve a request for epidural steroid injection therapy and a neurosurgery consultation. The applicant's attorney subsequently appealed. In a January 30, 2014 progress note, the applicant reported heightened complaints of low back pain radiating to the right leg. The attending provider alluded to the applicant's having a lumbar MRI demonstrating evidence of an L4-L5 lesion consistent with the applicant's radicular leg pain. The applicant was off of work, on total temporary disability. The applicant was represented; it was noted in several sections of the note. The applicant's medication list included Ambien, Celebrex, Cymbalta, Duragesic, Lyrica, Methadone, Nucynta, Prilosec, Relpax, and Vibryd. The applicant's BMI was 28. The applicant was given diagnoses of low back pain, lumbar radiculopathy, myofascial pain, discogenic pain, poor sleep hygiene, abdominal hernia status post herniorrhaphy, cervical radiculopathy, and reflex sympathetic disease of the right foot. The applicant was asked to continue Methadone, Duragesic, Nucynta, Fentora, Relpax, Prilosec, Ambien, Celebrex, Lyrica, Vibryd, and Cymbalta. The applicant was asked to remain off of work, on total temporary disability. The applicant was asked to follow up with psychiatry. It was suggested that the applicant needed surgical care, a neurosurgery consultation, and a repeat epidural steroid injection at L4-L5. The applicant was again placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right TFE (transforaminal epidural injection) L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300 Table 12-8.

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

Decision rationale: As the attending provider acknowledged in his January 30, 2014 progress note, the request in question does represent a request for a repeat lumbar epidural steroid injection. 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 with earlier blocks. Here, the earlier block, the requesting provider has acknowledged, was in fact unsuccessful. The applicant is off of work, on total temporary disability. The applicant reported heightened right-sided radicular complaints on a January 30, 2014 progress note on which the repeat epidural steroid injection in question was sought. The applicant remains dependent on a variety of opioid agents, including Methadone, Duragesic, Nucynta, and Fentora. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier epidural steroid injection therapy. Therefore, the request for a repeat epidural steroid injection is not medically necessary.

Neurosurgical consult: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, if surgery is a consideration, counseling regarding the likely outcome, risks and benefits, and expectation is very important. The attending provider has posited that the applicant has had lumbar MRI imaging demonstrating a lesion at the L4-L5 level which is reportedly amenable to surgical correction. Obtaining the added expertise of a neurosurgeon to determine the applicant's suitability for surgical intervention is indicated here, given the seeming failure of conservative treatment with time, medications, physical therapy, epidural steroid injection therapy, opioid therapy, etc. Therefore, the request is medically necessary.