

Case Number:	CM14-0031929		
Date Assigned:	04/16/2014	Date of Injury:	02/24/2012
Decision Date:	01/07/2015	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/06/2014

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 February 24, 2012. In a Utilization Review Report dated January 15, 2014, the claims administrator failed to approve a request for epidural steroid injection therapy at L3-L4, L4-L5, and L5-S1. It was suggested that this request represented a repeat epidural steroid injection. The applicant's attorney subsequently appealed. In a handwritten note dated December 19, 2013, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain radiating into the left leg. Cramping and burning left thigh pain were noted. The applicant was asked to pursue epidural steroid injection #2. Preoperative laboratory testing was endorsed. The applicant was given an injection of Toradol in the clinic. The applicant was placed off of work, on total temporary disability, while prescriptions for Norco, Tramadol, Flexeril, and Naproxen were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine epidural steroid injection AT L3-L4, L4-L5, L5-S1 #2 1x1: 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: The request in question does represent a repeat request for epidural steroid injection therapy. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite one prior epidural steroid injection. Therefore, the request for a repeat epidural steroid injection is not medically necessary.