

Case Number:	CM15-0002637		
Date Assigned:	01/13/2015	Date of Injury:	12/11/2009
Decision Date:	03/16/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 December 11, 2009. In a Utilization Review Report dated December 24, 2014, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced lumbar MRI of October 10, 2014, which was apparently notable for minimal disk bulge at L4-L5, along with electrodiagnostic testing of left lower extremity of November 20, 2014, which reportedly demonstrated left L5 radiculopathy in the determination. It was stated that the applicant had had one epidural block one year prior. The claims administrator went on to reference a December 11, 2014 progress note and December 17, 2014 RFA form in its determination. It was reiterated that the applicant had had one prior epidural injection on December 1, 2013. The applicant's attorney subsequently appealed. In a handwritten note dated June 23, 2014, the applicant was placed off of work, on total temporary disability. The applicant was status post a left total knee arthroplasty, it was stated. Epidural steroid injection therapy was pending. Large portions of the progress note were handwritten, difficult to follow, and not entirely legible. On December 11, 2014, the applicant reported persistent complaints of low back pain radiating into left leg. The attending provider confirmed that the applicant had an electrodiagnostically confirmed radiculopathy. The attending provider acknowledged that the applicant had had one previous epidural injection. The attending provider stated that the applicant, in addition to having electrodiagnostically confirmed radiculopathy, was engaging in symptom magnifying behavior. The applicant exhibited give way weakness about the lower extremities with hyposensorium

about the left leg. A repeat epidural block was endorsed. The applicant's work status was not detailed. In a separate note dated July 17, 2014, the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar epidural steroid injection at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request in question represents a request for a repeat epidural steroid injection. 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, the applicant was/is off of work, on total temporary disability, despite receipt of at least one prior epidural steroid injection in 2013, suggesting a lack of functional improvement as defined in MTUS 9792.20f with earlier epidural steroid injection therapy. Therefore, the request for an additional epidural steroid injection is not medically necessary.