

Case Number:	CM15-0031454		
Date Assigned:	02/24/2015	Date of Injury:	09/03/1992
Decision Date:	04/08/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/19/2015

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, New York, 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 45-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 3, 1992. In a utilization review report dated January 22, 2015, the claims administrator failed to approve a request for a caudal epidural steroid injection. The claims administrator referenced a January 7, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On January 5, 2015, the applicant reported ongoing complaints of low back and knee pain. The applicant's medication list included Lyrica, baclofen, Vicodin, Maxalt, glucosamine, and Docuprene. 9/10 pain complaints were noted. The applicant had difficulty performing activities of daily living as basic as sitting, standing, walking, bending, and twisting, it was acknowledged. The attending provider acknowledged that the injection in question was a repeat injection. On November 11, 2014, the applicant again reported persistent complaints of low back pain. The applicant was using oxycodone, Maxalt, glucosamine, Vicodin, Docuprene, baclofen, and Lyrica. The applicant's work status was not clearly stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Caudal epidural injection for low back: 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 Topical Analgesics Page(s): 46.

Decision rationale: No, the request for a caudal epidural steroid injection was not medically necessary, medically appropriate, or indicated here. As acknowledged by the attending provider, 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 injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was seemingly off of work. The applicant remained dependent on a variety of opioid agents, including oxycodone and Norco, along with non-opioid agents such as Lyrica. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite receipt of multiple prior epidural injections. Therefore, the request for a repeat caudal epidural steroid injection was not medically necessary.