

Case Number:	CM14-0127173		
Date Assigned:	08/13/2014	Date of Injury:	07/30/2008
Decision Date:	10/07/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/11/2014

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 July 30, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery in 2009; subsequent lumbar hardware removal in 2010; and multiple epidural steroid injections, including L3-L4 and L4-L5 epidural steroid injection therapy on May 1, 2014. In a utilization review report dated July 10, 2014, the claims administrator denied a request for epidural steroid injection therapy. The applicant's attorney subsequently appealed. In a July 25, 2014, progress note, the applicant reported persistent complaints of low back pain. The attending provider stated that the applicant was working on a full-time basis without restrictions, in one section of the report, while other sections of the report stated that the applicant had failed epidural steroid injections. The applicant was using Norco, AndroGel, MiraLAX, Cymbalta, and Diclofenac. Multiple medications were refilled. The L3-L4 and L4-L5 epidural steroid injection therapy was sought. Transportation to and from the surgery center was endorsed. Opioids were renewed. It was stated at the bottom of the report that the applicant was working regular duty. In an earlier note dated June 25, 2014, it was again suggested that the applicant was working 8 to 9 hours a day. On August 27, 2014, it was again noted that the applicant was using Norco, AndroGel, MiraLAX, Cymbalta, Oxycodone, Ambien, Tizanidine, and Diclofenac. Epidural steroid injection therapy was again endorsed, along with transportation to and from the surgery center. In an August 9, 2014, medical-legal evaluation, the medical-legal evaluator suggested that one of the applicant's treating providers had placed him off work, on total temporary disability. The applicant had gained a considerable amount of weight, it was stated. It was stated that the applicant had quit,

commenced, and quit work at numerous employers following termination of employment with the employer at which the injury transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Transforaminal epidural steroid injection under fluoroscopic guidance at left L3-L4 AND L4-L5: Upheld

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

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

Decision rationale: The applicant has had several injections over the life of the claim. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines: "We recommend no more than two ESI injections." In this case, it appears that the applicant has had more than two ESI injections over the course of the claim. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that pursuit of repeat blocks be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, while the attending provider has suggested that the applicant has been returned to work, the applicant has failed to demonstrate any evidence of lasting analgesia or diminished reliance on medical treatment despite having had prior epidural injections. Specifically, the applicant's continued usage of several different analgesic and adjuvant medications, including Norco, Cymbalta, Oxycodone, Tizanidine, and Diclofenac, taken together, suggests a lack of functional improvement as defined in MTUS, despite earlier epidural steroid injection therapy. Therefore, the request for a repeat epidural injection is not medically necessary.