

Case Number:	CM14-0138052		
Date Assigned:	09/05/2014	Date of Injury:	05/14/2013
Decision Date:	10/30/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	08/26/2014

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 Orthopedic Surgery, and is licensed to practice in Minnesota. 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, foot, and toe pain reportedly associated with an industrial injury of May 14, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; at least 12 sessions of physical therapy, per the claims administrator; topical agents; MRI imaging of the lumbar spine of June 17, 2014, notable for a 3-mm disk protrusion at L4-L5 with only mild neuroforaminal narrowing noted at the same level; and one prior epidural steroid injection, per the claims administrator. In a Utilization Review Report dated August 21, 2014, the claims administrator denied a request for an L4-L5 epidural steroid injection. The applicant's attorney subsequently appealed. In a progress note dated August 12, 2014, difficult to follow, handwritten, not entirely legible, the applicant reported persistent complaints of low back pain radiating to the right leg. Epidural steroid injection therapy was sought. It was acknowledged that the applicant was status post one prior epidural steroid injection. In one section of the report, it was stated that the applicant's low back pain was axial in nature, with no radiating symptoms, while another section of the report stated that the applicant had complaints of low back pain radiating to the right leg. It did not appear that the applicant was working with the 10-pound lifting limitation in place. In an earlier note dated July 8, 2014, it was acknowledged that the applicant was not working and that the previous epidural injection provided the applicant "no relief."

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 Epidural Steroid Injection: Upheld

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

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 request for a repeat injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat injections should be predicated on evidence of lasting analgesia and functional improvements with earlier blocks. In this case, the applicant is seemingly off work. A rather proscriptive 10-pound lifting limitation remains in place. The earlier injection did not appear to have generated any lasting benefit or functional improvement in terms of the parameters established in MTUS 9792.20f. It is further noted there does not appear to be clear clinical or radiographic evidence of radiculopathy as the applicant was described on August 12, 2014, in one section of the note, as having no radicular complaints. For all of the stated reasons, then, the request is not medically necessary.