

Case Number:	CM14-0146656		
Date Assigned:	09/12/2014	Date of Injury:	05/06/2011
Decision Date:	10/27/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/09/2014

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 neck pain reportedly associated with an industrial injury of May 6, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and at least one prior epidural steroid injection. In a Utilization Review Report dated August 15, 2014, the claims administrator failed to approve a request for a second lumbar epidural steroid injection. In a September 13, 2014 progress note, it was stated that the applicant was intent on weaning off of Norco. Persistent complaints of low back pain radiating to the bilateral lower extremities was noted. Norco and Neurontin were ultimately refilled, despite the applicant's comments that he wanted to wean off of Norco on the grounds that it was causing poor motivation and loss of energy level. On August 6, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. Medications, including Norco and Neurontin, were apparently refilled. Epidural steroid injection therapy was apparently sought. The applicant's work status, however, was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second lumbar epidural steroid injection (LESI): 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. 9792.20f. Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the attending provider has failed to outline any material evidence of functional improvement achieved through at least one prior epidural injection. The applicant does not appear to have returned to work. The attending provider has failed to report the applicant's work status on several recent office visits, referenced above. The applicant continues to remain reliant on opioid agents such as Norco and Neurontin. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite at least one prior epidural injection. Therefore, the request for a second epidural injection is not medically necessary.