

Case Number:	CM14-0148902		
Date Assigned:	09/18/2014	Date of Injury:	05/10/2007
Decision Date:	11/04/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/12/2014

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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of May 10, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; earlier shoulder surgery; at least one prior lumbar epidural steroid injection on September 9, 2014; and work restrictions. In a Utilization Review Report dated August 15, 2014, the claims administrator denied a request for a proposed lumbar epidural steroid injection on the grounds that the applicant did not have a clear evidence of a radiculopathy. The claims administrator stated that the applicant had been receiving epidural steroid injections on a frequent basis for the past several years. The applicant's attorney subsequently appealed. In a September 2, 2014 progress note, the applicant reported persistent complaints of low back radiating into the right leg, 7-8/10. The applicant was reportedly working, it was stated. The applicant's physical examination was reportedly unchanged. The applicant was using Daypro for pain relief. Epidural steroid injection therapy was scheduled for September 9, 2014, it was stated. A rather proscriptive 10-pound lifting limitation was endorsed. It was stated that the applicant could not work over five hours. The applicant did receive the epidural injection in question on September 9, 2014. In an earlier note dated July 1, 2014, it was stated that the applicant was status post an earlier lumbar epidural steroid injections on May 21, 2013, August 27, 2013, and February 4, 2014. The same five hour per work shift limitation and rather proscriptive 10-pound lifting limitation were endorsed on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection (LESI), L4-S1 under fluoroscopic guidance: Upheld

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

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

Decision rationale: The request in question represented a request for a repeat epidural injection. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, no more than "two lifelong ESI injections" are recommended. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant failed to demonstrate any lasting benefit or functional improvement through earlier blocks. A rather proscriptive 10-pound lifting limitation remained in place, unchanged, from visit to visit, despite at least three prior epidural injections in 2013 and 2014 alone. All of the above, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f despite multiple prior epidural injections in excess of MTUS parameters over the course of the claim. Therefore, the epidural steroid injection already performed on September 9, 2014 was not medically necessary.