

Case Number:	CM14-0159272		
Date Assigned:	10/02/2014	Date of Injury:	05/31/2014
Decision Date:	11/06/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	09/29/2014

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 neck, mid back, and low back pain reportedly associated with an industrial injury of May 31, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and unspecified amounts of manipulative therapy. In a Utilization Review Report dated September 22, 2014, the claims administrator denied a request for a set of three epidural steroid injections involving the cervical, thoracic, and lumbar spines. The applicant's attorney subsequently appealed. In a September 5, 2014 progress note, the applicant reported 8-9/10 constant low back pain and 5/10 neck pain. The applicant had a 2.2 mm focal central disk protrusion with thecal sac indentation at the T11-T12 level and a large 7.8 mm focal central disk protrusion impacting the thecal sac at the L5-S1 level. Multiple epidural steroid injections were sought. The applicant's work status was not clearly stated. All three boxes, including the 'off work,' 'modified work,' and 'full duty' boxes were checked.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ortho or pain management doctor for epidural injections 1 x 3 in the cervical, thoracic and/or lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 175, 300, Chronic Pain

Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Epidural Steroid Injections

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

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, current research does not support a series of three epidural injections in either the diagnostic or therapeutic phase. Rather, the MTUS notes that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. The request, thus, as written, runs counter to MTUS principles and parameters as it contains no proviso to reevaluate the applicant between each injection to ensure functional improvement before proceeding with subsequent blocks. Therefore, the request is not medically necessary.