MAXIMUS Federal Services

Case Number:	CM14-0162085		
Date Assigned:	10/07/2014	Date of Injury:	12/07/2011
Decision Date:	11/13/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/02/2014

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 March 20, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy at the L4-L5 levels on March 20, 2014; transfer of care to and from various providers in various specialties; subsequent epidural steroid injection therapy at the L4-L5 and L5-S1 levels on May 1, 2014; and unspecified amounts of the physical therapy over the course of the claim. In a Utilization Review Report dated September 4, 2014, the claims administrator denied a request for a repeat epidural steroid injection. The applicant's attorney subsequently appealed. In a September 11, 2014 progress note, the applicant reported persistent complaints of low back and right leg pain. The applicant exhibited weakness about the right ankle, it was noted. The applicant was given a 10% whole-person impairment rating. It was stated that the applicant could consider further epidural injections in future. It was suggested that the applicant was working. In an August 12, 2014 progress note, the primary treating provider appealed the previously denied epidural steroid injection, stating the applicant's radicular complaints associated with spinal stenosis were worsening. In a May 29, 2014 Prescription Order Form, the applicant received refills of naproxen and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar ESI injection L3-L4: 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: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, epidural steroid injections: "We recommended no more than two ESI injections." In this case, the applicant has had three prior epidural steroid injections in 2014 alone. As further noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of lasting benefit and functional improvement through earlier blocks. In this case, the applicant had seemingly plateaued with earlier injections in terms of the functional improvement measures established in MTUS 9792.20f. The applicant remains dependent on medications such as Naprosyn and Ultracet. Significant axial and radicular complaints persist. It appears, thus, that the applicant has plateaued in terms of the functional improvement measures established in MTUS 9792.20f following the three earlier epidural injections. Therefore, the request is not medically necessary.