

Case Number:	CM14-0027923		
Date Assigned:	06/30/2014	Date of Injury:	05/21/2012
Decision Date:	09/05/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/05/2014

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 mid and low back pain reportedly associated with an industrial injury of May 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; lumbar MRI imaging of August 25, 2012, notable for low-grade 1- to 2-mm disk protrusions at L4-L5 and L5-S1 with an annular tear; unspecified amounts of physical therapy; and one prior epidural steroid injection, per the claims administrator. In a Utilization Review Report dated February 28, 2014, the claims administrator denied a request for a second epidural steroid injection. The applicant subsequently appealed. In a January 22, 2014 progress note, the applicant presented with persistent complaints of low back pain radiating to the left lower extremity. The applicant was reportedly receiving acupuncture; it was acknowledged and was using five to six Norco a day despite having a past medical history notable for hepatic cirrhosis. The applicant was also using Mobic, Prilosec, and Prozac, it was acknowledged. Some weakness was noted about the left leg with decreased sensorium noted about the left L5-S1 distribution. Heightened dosage of Norco was prescribed. A second epidural steroid injection was sought. The applicant's work status was not furnished. Electro diagnostic testing of January 15, 2014 was notable for chronic left L5 nerve root irritation. In a progress note dated February 14, 2014, the applicant's primary treating provider placed the applicant off of work, on total temporary disability. In another progress note of February 20, 2014, the applicant was again placed off of work, on total temporary disability. In a March 20, 2014 progress note, the applicant was again placed off of work, on total temporary disability. The applicant was asked to continue Norco and Mobic while beginning Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Transforaminal Epidural Steroid Injection (ESI) number (#2), at the L4-L5 level:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic, MTUS 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 fact that the applicant remains off of work, on total temporary disability, coupled with the fact that the applicant is using ever-increasing amounts of Norco, Mobic, and Elavil, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f through the prior epidural block. Therefore, the request for a second epidural steroid injection is not medically necessary.