

Case Number:	CM14-0098946		
Date Assigned:	07/28/2014	Date of Injury:	10/16/2011
Decision Date:	10/15/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	06/27/2014

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, has a subspecialty in Preventive 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 and knee pain reportedly associated with an industrial injury of October 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; reportedly normal electrodiagnostic testing of the lumbar spine and bilateral lower extremities of April 8, 2014, an earlier lumbar decompressive surgery; and topical compounds. In a Utilization Review Report dated June 9, 2014, the claims administrator denied left L5-S1 transforaminal epidural steroid injection, on the grounds that there was no clear corroboration of radiculopathy. The applicant's attorney subsequently appealed. In a handwritten note dated May 5, 2014, the applicant was placed off of work, on total temporary disability. A pain management consultation was sought. The note was very difficult to follow. In a narrative report dated May 7, 2014, the applicant reported persistent complaints of low back pain, 7 to 9/10. The applicant's radicular complaints had heightened and were evident about the left lower extremity than right, it was stated. The applicant had had three injections before the earlier lumbar spine surgery with limited response to the same, it was stated. An L5-S1 lumbar transforaminal epidural injection was endorsed, along with prescription for Relafen, Flexeril, tramadol, Protonix and several topical compounds.

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 at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request in question does represent a repeat block. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, repeat blocks should be predicated in evidence of lasting analgesia and functional improvement with earlier blocks. In this case, the applicant is off of work, on total temporary disability, despite having three prior epidural steroid injections, admittedly preoperatively. The applicant remains highly reliant on numerous analgesic medications, including topical compounds, tramadol, Relafen, Flexeril etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite multiple earlier epidural injections. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that epidural steroid injections be reserved for radiographic or electrodiagnostic confirmed radiculopathy. In this case, the applicant has had negative electrodiagnostic testing, referenced above. All of the above, taken together, do not make a compelling case for a repeat epidural injection. Therefore, the request is not medically necessary.