

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0194515 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 09/26/2012 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 11/20/2014 |

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], incorporated employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 26, 2012. In a Utilization Review Report dated November 4, 2014, the claims administrator denied a request for an L5-S1 epidural steroid injection. The applicant was status post earlier cervical fusion surgery and earlier shoulder surgery, the claims administrator noted. The claims administrator did allude to an earlier lumbar MRI imaging of October 29, 2012 demonstrating a large disk protrusion at L5-S1 generating associated S1 nerve root impingement. The applicant had undergone an earlier epidural steroid injection at L5-S1 on July 29, 2014, the claims administrator noted. The claims administrator seemingly based its denial on a lack of improvement with the earlier block. The claims administrator stated that its denial was based on an RFA form received on October 28, 2014. The applicant's attorney subsequently appealed. In a May 19, 2014 progress note, the applicant reported ongoing complaints of neck pain, back pain, and shoulder pain with ancillary complaints of numbness and tingling. Positive straight leg raising about the left and right legs was appreciated with hyperreflexia appreciated about the left ankle. The applicant did exhibit a normal gait. The applicant was on Robaxin, Lyrica, and Norco. The applicant was status post cervical fusion surgery. The applicant was not smoking, it was stated. The attending provider stated that the applicant never had a lumbar epidural injection through this point in time. The applicant was asked to pursue a lumbar epidural injection. The applicant was asked to remain off of work, on total temporary disability, through June 23, 2014. On July 29, 2014, the applicant did receive one lumbar epidural steroid injection. On August 27, 2014, the applicant was given a refill of Norco. The applicant was reportedly doing well following earlier shoulder surgery. Home exercises were sought. In a progress note dated October 27, 2014, the applicant reported persistent complaints of neck, low back, and shoulder

pain. Additional massage therapy was sought. A repeat lumbar epidural steroid injection was also sought. The applicant was placed off of work, on total temporary disability. The applicant was using Norco and Robaxin for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Page(s): 46.

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

Decision rationale: The applicant had had one prior epidural steroid injection on July 19, 2014. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Norco. It does not appear, in short, that the applicant has profited from the earlier lumbar epidural steroid injection in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.