

Case Number:	CM14-0211485		
Date Assigned:	12/24/2014	Date of Injury:	12/20/1994
Decision Date:	02/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 December 28, 1994. In a Utilization Review Report dated November 24, 2014, the claims administrator denied a request for a lumbar epidural steroid injection. The claims administrator did not incorporate any guidelines into its rationale but stated that its decision was based on non-MTUS ODG Guidelines, which are placed at the bottom of the report. The claims administrator also referenced progress notes and an RFA form dated November 7, 2014, which were not, however, summarized. The applicant's attorney subsequently appealed. On September 3, 2014, the epidural steroid injection therapy was sought. The applicant was status post earlier lumbar fusion surgery at L5-S1 in 1996. The applicant had a central disk herniation at L3-L4 with moderate neuroforaminal stenosis, it was noted. In an associated progress note of September 10, 2014, the applicant reported persistent complaints of low back pain radiating to the left leg. Positive straight leg raising was noted on the left. Hyposensorium was noted about both legs. Lyrica, Zanaflex, Mobic, and an epidural steroid injection were endorsed. Permanent work restrictions were renewed. It was not clearly stated whether the applicant had or had not had prior epidural steroid injection. A lumbar MRI imaging dated October 2, 2013 was notable for a 3-mm posterior disk bulge at L3-L4 with mild-to-moderate transverse narrowing of the central canal, evidence of a surgical decompression at L4-L5, and multilevel neuroforaminal stenosis and facet hypertrophy. On November 5, 2014, the attending provider appealed the previously denied epidural steroid injection. The attending provider stated that the applicant was having difficulty

performing day-to-day activities of living including household chores, dressing, and grooming. The attending provider stated that an earlier epidural steroid injection had been performed on February 2014 and had produced some fleeting benefit. The applicant's work status was not furnished on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section: Low Back

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

Decision rationale: As acknowledged by the attending provider, the request in question does represent a repeat request for epidural steroid injection therapy after the applicant had had at least one prior epidural steroid injection in February 2014. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant does not appear to be working. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on a variety of analgesic and adjuvant medications, including Lyrica, Mobic, Zanaflex, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier epidural steroid injection therapy. Therefore, the request for an additional epidural steroid injection was not medically necessary.