MAXIMUS Federal Services

Case Number:	CM14-0212725		
Date Assigned:	12/30/2014	Date of Injury:	03/05/1999
Decision Date:	02/28/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/18/2014

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 low back pain reportedly associated with an industrial injury of March 5, 1999. In a Utilization Review Report dated November 26, 2014, the claims administrator denied a lumbar epidural steroid injection. The claims administrator referenced an October 13, 2014 progress note in the determination. The claims administrator also referenced electrodiagnostic testing of January 14, 2014 demonstrating evidence of diabetic polyneuropathy about the lower extremities. The claims administrator stated that ultimately the applicant underwent an earlier epidural steroid injection on March 27, 2014 in its determination. RFA forms of November 6, 2014 and September 10, 2014 were also alluded to. The applicant's attorney subsequently appealed. On December 19, 2014, the applicant reported persistent complaints of 4/10 low back pain, exacerbated by standing and walking. The applicant's medication list included Lidoderm, Duragesic, oxycodone, Xanax, Topamax, Soma, and Requip. The applicant weighed 226 pounds. Multiple medications were renewed. Epidural steroid injection therapy was sought. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection lumbar bil S1: Upheld

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

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

Decision rationale: No, the request for an epidural steroid injection at L5-S1 was not medically necessary, medically appropriate, or indicated here. The request in question does represent a request for a repeat epidural steroid injection. 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, the applicant's work status was not clearly outlined on the December 11, 2014 progress note on which repeat epidural steroid injection therapy was sought. The applicant did not, however, appear to be working. The fact that the applicant remains dependent on a variety of opioid and non-opioid agents, including Requip, Xanax, Topamax, Soma, Lidoderm, oxycodone, Duragesic, etc., coupled with the fact that the applicant's work status was not documented, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of at least one prior epidural steroid injection. Therefore, the request for a repeat steroid injection was not medically necessary.