

Case Number:	CM14-0149647		
Date Assigned:	09/18/2014	Date of Injury:	07/20/2010
Decision Date:	10/23/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/15/2014

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 low back pain reportedly associated with an industrial injury of July 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; MRI imaging of the lumbar spine of July 23, 2014, reportedly notable for evidence of a herniated disk with associated severe lateral foraminal stenosis at L4-L5; one prior epidural steroid injection; and extensive periods of time off of work. In an August 16, 2014 progress note, the claims administrator denied a request for an epidural steroid injection apparently sought on August 8, 2014. The applicant's attorney subsequently appealed. In a progress note dated September 3, 2014, the applicant reported persistent complaints of low back pain, severe, radiating into the right leg, 5/10. The applicant acknowledged that an epidural steroid injection performed on September 3, 2014 had proven unsuccessful. The applicant was still having difficulty ambulating. The applicant was having difficulty long distances. The applicant was apparently intent on pursuing a surgical remedy, it was suggested. Somewhat incongruously, the attending provider documented a normal gait and 5/5 lower extremity strength in the objective section of the report. Diminished sensorium was noted about the right leg with positive straight leg raise appreciated about the same. The applicant was placed off of work, on total temporary disability. Epidural steroid injection therapy was sought. In an earlier note dated August 6, 2014, the applicant was again placed off of work, on total temporary disability. Authorization for epidural steroid injection therapy was sought. It was acknowledged that the applicant had had a prior epidural steroid injection. An "additional" injection at the L4-L5 level was sought. The applicant's medication list was not incorporated into the progress note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transforaminal epidural steroid injection (ESI) at L4-L5 (n block other peripheral):

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The epidural injection apparently performed on September 3, 2014 was, in fact, a repeat block. The applicant had had an earlier epidural injection at an earlier point during the course of the claim. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, however, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant had seemingly failed to demonstrate functional improvement with the earlier block. The applicant remained off of work, on total temporary disability, despite having had one prior block. The applicant continued to report severe complaints of radicular leg pain, despite at least one prior epidural steroid injection. The repeat injection in question, furthermore, was ultimately unsuccessful as the applicant ultimately elected to pursue a surgical remedy. For all of the stated reasons, then, the request was not medically necessary.