

<b>Case Number:</b>	CM13-0012348		
<b>Date Assigned:</b>	09/12/2013	<b>Date of Injury:</b>	08/02/2001
<b>Decision Date:</b>	02/17/2014	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 8, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off work, on total temporary disability. A clinical progress note of August 12, 2013 is notable for comments that the applicant reports persistent bilateral knee arthritis. He is given prescription for tramadol and placed off work, on total temporary disability. On August 7, 2013, the applicant presented with low back pain and knee pain. A second epidural steroid injection was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A pain management evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** The pain management evaluation is supported, as suggested on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, which notes the presence of persistence

complaints despite initiation of appropriate conservative management should lead an attending provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant's persistent chronic multifocal pain complaints would support the proposed pain management evaluation.

**A second epidural steroid injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the criteria for pursuit of repeat epidural steroid injection blocks include evidence of functional improvement following completion of the first block. In this case, however, the applicant's failure to return to any form of work, continue to remain off work, on total temporary disability, and continued dependence on various medical treatments and medications, including tramadol, however, implies a lack of functional improvement as defined in MTUS 9792.20f following completion of the prior epidural steroid injection. Therefore, the proposed repeat block is not indicated and not certified