

<b>Case Number:</b>	CM13-0016959		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/04/2007
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2013

### 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, has a subspecialty in Preventive 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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 4, 2007. Thus far, the applicant has been treated with the following, analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a January 16, 2013 progress note, the applicant presented with persistent complaints of low back pain. The applicant was described as permanent and stationary. The applicant did possess 5/5 lower extremity strength with positive straight leg rising. The applicant was using Tramadol, Naprosyn and Prilosec. The applicant did have earlier lumbar MRI imaging on December 2012 with was notable for 3- and 4-mm disk bulges at L1-2 and L5-S1. Electrodiagnostic testing of January 22, 2013 was notable for bilateral chronic, active L5 radiculopathy. On April 17, 2013, the applicant was using Flexeril, Naprosyn, Prilosec, and topical capsaicin cream. The applicant's work status was not furnished on this occasion, either. The epidural injection in question is apparently endorsed on May 9, 2013, at which point it was stated that the applicant was permanent and stationary with permanent limitations in place. It was stated that the applicant had had earlier epidural injections in the past.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**INJECTION(S) OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE (INCLUDING ANESTHETIC, ANTISPASMODIC, OPIOID, STEROID, OTHER SOLUTIONS) NOT**

**INCLUDING NEUROLYTIC SUBSTANCES, INCLUDING NEEDLE OR CATHETER  
PLACEMENT SETTING: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. MTUS 9792.20f. Page(s): 46.

**Decision rationale:** The request in question represents a request for repeat ESI therapy. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat ESIs should be predicated on evidence of lasting analgesia and/or functional improvement achieved with earlier blocks. In this case, however, the applicant has permanent work restrictions which remain in place, seemingly unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on various oral and topical medications, including topical Ketoprofen, Topical Capsaicin, oral Naprosyn, oral Tramadol, etc. The applicant does not appear to be working. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite pursuit of several epidural steroid injections over the course of the claim. Therefore, the request is not medically necessary and appropriate.