

<b>Case Number:</b>	CM13-0018198		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/10/1996
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	08/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain associated with an industrial injury sustained on August 10, 1996. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, and MRI imaging of the lumbar spine on July 25, 2013, notable for a 7-mm disk protrusion at L5-S1. In a July 25, 2013 progress note, the applicant reports severe low back pain radiating to the right leg. She was last seen five months prior. She has exhausted her supply of medications. She has positive straight leg raising and altered sensorium about the right lower extremity with an antalgic gait. Flexeril, Voltaren, and an epidural steroid injection are endorsed while the applicant remains off of work, on total temporary disability. In a record review report of April 5, 2013, it is stated that the applicant previously obtained an agreed medical evaluator on November 21, 2012. The agreed medical evaluator states that the applicant underwent three prior epidural steroid injections with only minimal and fleeting relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**lumbar translaminar epidural injection at L4-L5:** 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 Page(s): 46.

**Decision rationale:** As noted in the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid blocks should be based on functional improvement with prior blocks. In this case, the applicant has not effected any lasting benefit or functional improvement through prior epidural blocks. The fact that the applicant remains off of work, on total temporary disability, and remains highly reliant on analgesic medications, including Cymbalta, Voltaren, Tramadol, etc., implies a lack of functional improvement with prior epidural steroid injection therapy. Therefore, the request for a repeat epidural steroid injection is not certified.