

<b>Case Number:</b>	CM13-0018478		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/08/2012
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	08/07/2013
<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 reportedly associated with an industrial injury of February 8, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; MRI imaging of the lumbar spine of May 30, 2012, notable for disc protrusions with associated thecal sac effacement at L4-L5 and L5-S1; earlier epidural steroid injections, per the claims administrator; and unspecified amounts of acupuncture over the life of the claim. In a Utilization Review Report of August 7, 2013, the claims administrator denied a request for left L5-S1 epidural steroid injection. The applicant's attorney subsequently appealed. In a May 13, 2013 progress note, the applicant is described as having issues with morbid obesity, dyslipidemia, hypertension, and sleep disorder, all of which were imputed to the industrial injury. On July 23, 2013, the applicant was described as having an atypical thoracic hemangioma, thoracic kyphosis, and multilevel lumbar disc herniations. The attending provider suggested at CT scan of the lumbar spine to further work up an issue of diastematomyelia. In this note, the attending provider wrote that the applicant had had "a few epidurals," which did not help or alleviate the applicant's pain. The applicant continued to report 5-7/10 low back pain radiating to the right leg. The applicant was off of work and reportedly last worked on February 8, 2012, i.e., the date of injury. The applicant is presently on Flexeril, Klonopin, Norco, and Naprosyn, it was noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEFT SIDED L5 AND S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION  
UNDER FLUOROSCOPIC GUIDANCE: 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  
EPIDURAL STEROID INJECTIONS Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be based on evidence of functional improvement with earlier blocks. In this case, however, the employee has had an unspecified number of epidural blocks over the course of the claim, the employee's current treating provider has noted. There has been no demonstration of functional improvement following completion of the same which would support repeat blocks. The employee is off of work. The employee remains highly reliant on various medications, including Norco, Naprosyn, Klonopin, Flexeril, etc. The employee is now, furthermore, apparently contemplating a surgical remedy insofar as the lumbar spine is concerned. All of the above, taken together, imply that the prior epidural steroid injections were unsuccessful. Accordingly, the request for a repeat epidural block is not certified, on Independent Medical Review.