

<b>Case Number:</b>	CM13-0025462		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	06/05/2012
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 that took place on June 5, 2012. Thus far, the applicant has been treated with analgesic medications, an epidural steroid injection (July 31, 2013), an MRI of the lumbar spine (August 8, 2012) which was notable for 3mm multilevel disc bulges, electrodiagnostic testing (May 6, 2013) notable for an L5 radiculopathy, and extensive periods of time off of work. In a medical-legal evaluation on October 4, 2013, the applicant was given a 0% whole person impairment rating. A progress note from June 18, 2013 stated that 2-3 more epidural steroid injections are indicated. The applicant is placed off of work on total temporary disability. The applicant was reported 8/10 low back pain, unchanged. The applicant was on Vicodin and Tylenol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**epidural steroid injection at L3-L4:** Upheld

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

**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, the primary criterion for pursuit of repeat epidural blocks is evidence of functional improvement with prior blocks. However, there is no evidence that the applicant effected any functional improvement as defined in MTUS 9792.20f after the epidural steroid injections. The applicant has failed to reduce medication consumption; he still uses extra strength Vicodin for pain relief. The applicant's work status and work restrictions did not change for the better from visit to visit; he remained on temporary total disability. Therefore, the request for a repeat injection is not certified owing to a lack of functional improvement with prior injections.

**12 sessions of physical therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 95, 99.

**Decision rationale:** The 12 sessions of treatment being sought here would represent treatment in excess of the 9-10 session course endorsed in the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines also endorse the importance of active therapy, active modalities, and self-directed home physical medicine. In this case, the request did not conform to MTUS guidelines. It is further noted that the Chronic Pain Medical Treatment Guidelines suggest that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant's failure to return to any form of work, as well as his continued dependence on injections and medications implies a lack of functional improvement from physical therapy. Therefore, the request is non-certified.