

<b>Case Number:</b>	CM13-0032900		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	04/13/1993
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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 April 13, 1993. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; lumbar MRI imaging of March 16, 2013, notable for mild neuroforaminal narrowing at L4-L5 and L5-S1 and mild spondylitic changes; a TENS unit; unspecified amounts of chiropractic manipulative therapy and acupuncture; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of September 27, 2013, the claims administrator denied lumbar epidural steroid injection, stating that the applicant did not have clear evidence of radiculopathy. The applicant's attorney subsequently appealed. On August 29, 2013, the applicant is described as having persistent low back pain radiating into the right leg. The applicant is on Mobic, hydrochlorothiazide, Ativan, Ambien, Zanaflex, Concerta, Zocor, and Wellbutrin, it was stated. No focal motor deficits were appreciated. The applicant did have paraspinal tenderness. A series of three caudal epidural steroid injections were sought with ultrasound guidance. Prescriptions for OxyContin and Norco were issued. An earlier note of June 17, 2013 is notable for comments that the applicant has had excellent relief in years past with epidural steroid injection therapy and would like one as soon as possible. Physical therapy was endorsed. The attending provider wrote that a series of epidural steroid injections could be considered if physical therapy was of no benefit. OxyContin and Norco were renewed. On May 6, 2013, it is suggested in consultation that the applicant is "unable to work" and that the applicant's pain complaints have interfered with his ability to work. A TENS unit and physical therapy were sought at that point in time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION (ESI): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS (ESIs), Page(s): 46.

**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, repeat epidural steroid blocks should be predicated on evidence of functional improvement with prior blocks. In this case, the employee has had prior unspecified number of epidural steroid injections over the life, but has failed to achieve any lasting benefit or functional through the same. The employee remains off of work. The employee has failed to diminish reliance on medical treatment. The employee remains highly reliant on various long and short-acting opioids, including OxyContin and Norco, physical therapy, muscle relaxant, psychotropic medications, etc. All of the above, taken together imply that the prior epidural steroid injections were not of lasting benefit and further imply a lack of functional improvement as defined in MTUS 9792.20f despite prior epidural steroid injection therapy. Therefore, the request for repeat epidural steroid injection is not certified, on Independent Medical Review.