

<b>Case Number:</b>	CM13-0034727		
<b>Date Assigned:</b>	03/28/2014	<b>Date of Injury:</b>	02/17/1993
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	09/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 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 is a represented Walt Disney Company employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 17, 1993. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; L5-S1 lumbar fusion surgery in 2001; earlier radiofrequency ablation procedures; long and short-acting opioids; and muscle relaxants. In a Utilization Review Report of September 20, 2013, the claims administrator denied a lumbar epidural injection at L3-L4. No clear rationale for the denial was provided. The claims administrator writes that there is no evidence that the applicant has failed to respond to conservative treatment and also writes that the applicant does not have evidence of radiculopathy or frank neural impingement. In a September 4, 2013 progress note, the attending provider writes that the applicant has persistent complaints of low back pain radiating to both legs. It is noted that recent electrodiagnostic testing is negative and that MRI imaging shows mild to moderate stenosis at L3-L4 but no evidence of frank neural impingement, based on the attending provider's interpretation. Portions of the note have been seemingly truncated due to repetitive photocopying. The applicant is on Norco, Flexeril, Soma, Oxycodone, and Morphine. The applicant is smoking half a pack a day. It is suggested that a trial L3-L4 epidural steroid injection could be performed in lieu of a spinal cord stimulator. The attending provider writes that he believes that the epidural could give the applicant temporary relief and that he does not believe the applicant is a candidate for further spine surgery at this point. In an earlier note of August 5, 2013, it is stated that the applicant has undergone epidural injections and radiofrequency ablation procedures over the years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION FOR BILATERAL L3-4 SPINE:** 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 Page(s): 46.

**Decision rationale:** Based on comments made by the attending provider, the request in question represents a request for a repeat epidural block following earlier epidural blocks over the life of the claim, subsequent to the applicant's receiving earlier fusion surgery in 2001. It is not clear that the applicant has achieved any lasting benefit or functional improvement through the earlier epidural injections. The applicant is off of work, it is noted on an August 5, 2013 progress note. The applicant continues to remain highly reliant on various medications, including Norco, Flexeril, Oxycodone, Soma, and Morphine, etc. Given the lack of functional improvement as defined in MTUS with earlier blocks, the request for a repeat epidural block is not medically necessary and appropriate.