

<b>Case Number:</b>	CM13-0039798		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	02/09/2011
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	09/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 [REDACTED], [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury on February 9, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior lumbar spine surgery; epidural steroid injection therapy in 2012; and extensive periods of time off of work. In a Utilization Review Report of September 6, 2013, the claims administrator apparently denied a request for lumbar MRI imaging, noting that the applicant had had three (3) epidural steroid injections in the last twelve (12) months, including May 2013, February 2013, and November 2012. The claims administrator cited non-MTUS Third Edition ACOEM Guidelines in his denial, although the MTUS does address the topic. In a clinical progress note of June 6, 2013, the applicant is described as presenting with heightened pain complaints. The applicant is on Coumadin for atrial fibrillation. The applicant is "not working." The applicant is also on topical Lidoderm patch. The applicant is significantly obese with a body mass index (BMI) of thirty-six (36) and exhibits an antalgic gait. It is stated that the applicant is not interested in spine surgery at this time. The applicant is asked to pursue home exercises and/or repeat epidural steroid injection. It is stated that the applicant is not using any medications other than Lidoderm. An earlier note of July 20, 2012 is notable for comments that the applicant has had two (2) prior spine surgeries in the 1970s and 1990s. It is stated that the applicant's pain is now more severe. The applicant is not working and reportedly retired "due to pain." Repeat epidural steroid injection is sought. In a procedure note of July 20, 2012, the applicant did in fact undergo an epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OUTPATIENT LUMBAR EPIDURAL STEROID INJECTION UNDER FLUOROSCOPIC GUIDANCE AT RIGHT L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate that a maximum of two (2) lifelong epidural steroid injections are recommended. The Guidelines also indicate that repeat blocks during the therapeutic phase of injection therapy should be based on continued pain relief and functional improvement with prior blocks. In this case, however, the applicant failed to return to work. The applicant apparently retired from the workplace owing to issues with pain relief and poor pain control. The applicant remains reliant on topical Lidoderm patches for pain relief, arguing against any lasting benefit or functional improvement achieved through prior epidural steroid injection therapy. Therefore, the request remains not certified, on Independent Medical Review.