

<b>Case Number:</b>	CM13-0047576		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/04/1999
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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:

Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; at least one prior epidural steroid injection in September 2011; MRI imaging in May 2011, notable for multilevel low-grade disk bulges with a 3 to 4 mm herniation at L4-L5 indenting the thecal sac; unspecified amounts of cognitive behavioral therapy; and a lumbar support. In a medical legal evaluation of October 4, 2012, it is stated that the applicant is using both Duragesic and Norco. In an October 24, 2013 Utilization Review Report, the claims administrator denied a request for a caudal epidural steroid injection. In an October 11, 2013 appeal letter, the attending provider writes that the applicant reports persistent low back pain radiating to the right leg. She has 3/5 right lower extremity strength with positive straight leg raising and hyposensorium noted about the right leg. A caudal epidural steroid injection is sought. The applicant's work status is not detailed. In an August 22, 2013 progress note, the applicant is described as using a lumbar support and apparently received an injection of Depo-Medrol on that date. In an earlier note of July 18, 2013, the applicant was described as using an anti-inflammatory medication, Tylenol, a topical compound, and lumbar support. A June 18, 2013 psychology note is notable for comments that the applicant is receiving psychological counseling and is using a cane and walker. The applicant again received trigger point injections on July 18, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar caudal epidural steroid injection under fluoroscopy: 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 on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, in the therapeutic phase, repeat blocks should be based on continued objective documented functional improvement. In this case, however, there has been no clear-cut evidence of objective documented functional improvement following completion of prior unspecified amounts of epidural steroid injections, including at least one prior injection in 2011. It does not appear that the applicant has returned to work. The applicant remains highly reliant on various medical treatments including analgesic medications, trigger points injections, psychotherapy, a cane, etc. Continued pursuit of epidural steroid injection therapy in the face of the applicant's failure to demonstrate functional improvement as defined in MTUS 9792.20f through prior epidural steroid injection therapy is not indicated. Therefore, the request is not certified.