

<b>Case Number:</b>	CM13-0065286		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/13/2010
<b>Decision Date:</b>	04/17/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/13/2013

### 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 trigeminal neuralgia and chronic low back pain reportedly associated with an industrial injury of January 13, 2010. Thus far, the applicant has been treated with the following: Analgesic medications, adjuvant medications, including gabapentin; attorney representation; prior lumbar laminectomy surgery in July 2013; and muscle relaxants. In a Utilization Review Report of December 9, 2013, the claims administrator denied a request for lumbar epidural steroid injection at L4-L5 and L5-S1, stating that the applicant had had an earlier epidural injection on November 19, 2012, which did not produce the requisite analgesia needed to justify further injections. The applicant's attorney subsequently appealed. In a November 21, 2013 acupuncture note, the applicant is placed off of work, and is on total temporary disability. On November 1, 2013, the applicant presents with persistent low back pain, radiating to right leg, 6-10/10. The applicant is having difficulty walking. The applicant is not working. The applicant was given prescriptions for Norco, Neurontin, Duragesic, Elavil, Protonix, and Flexeril. The surgical scar was noted about the lumbar spine with limited and painful range of motion noted. The applicant's body mass index (BMI) is 24. A lumbar epidural steroid injection at L4-L5 and L5-S1 was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) transforaminal epidural steroid injection at right L4-5 and L5-S1: Upheld**

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

**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 the pursuit of repeat blocks should be predicated on evidence of functional improvement with prior blocks. In this case, however, the applicant is using several opioid and non-opioid analgesics, is off of work, and is seemingly highly reliant on medical treatment. All of the above, taken together, imply that the prior epidural steroid injection was in fact unsuccessful. Therefore, the request for a repeat injection is not certified, on Independent Medical Review.