

<b>Case Number:</b>	CM14-0009014		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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] employee who has filed a claim for low back pain reportedly associated with an industrial injury of June 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; one prior epidural steroid injection at L5-S1 on December 4, 2013; unspecified amounts of chiropractic manipulative therapy; and extensive periods of time off of work, on total temporary disability. In a utilization review report dated December 31, 2013, the claims administrator denied a request for second diagnostic epidural steroid injection at L4-L5, stating that the applicant did not respond to an earlier diagnostic epidural steroid injection on October 16, 2013, at L4-L5 or an epidural steroid injection at L5-S1 on December 4, 2013. The applicant's attorney subsequently appealed. On October 3, 2013, the applicant was described as off of work, on total temporary disability. The applicant is using Flexeril, tramadol, Protonix, and Terocin at that point in time. On November 7, 2013, the applicant was again described as off of work, on total temporary disability. The applicant only reported slight relief following an earlier L4-L5 epidural steroid injection on October 16, 2013, it was stated. The applicant was on Tramadol, Motrin, Flexeril, Protonix and topical Terocin cream, it was stated. The applicant was again kept off of work and asked to pursue another diagnostic epidural steroid injection at the same level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DIAGNOSTIC PHASE LUMBAR EPIDURAL STEROID INJECTION, L4-5:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection topic. MTUS 9792.20f. Page(s): 46.

**Decision rationale:** While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic epidural steroid injections, a second block is not recommended if there is inadequate response to the first block. In this case, the applicant has already had two diagnostic epidural steroid injections, including one of the level in question L4-L5. The response, by all accounts, has been incomplete to minimal. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and dependent on numerous medications, including tramadol, Terocin, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite earlier epidural steroid injection therapy, including one prior injection at the level in question. Therefore, the request is not medically necessary.