

<b>Case Number:</b>	CM14-0012785		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	01/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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 filed a claim for chronic low back pain reportedly associated with an industrial injury of May 13, 2009. 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; unspecified numbers of epidural steroid injections; and unspecified amounts of physical therapy over the course of the claim. The applicant underwent epidural steroid injection therapy on June 7, 2013. A December 8, 2013 progress note is notable for comments that the applicant reported severe, 10/10 low back pain radiating into lower extremities. The applicant stated that an earlier epidural steroid injection was beneficial but that the applicant's pain since had subsequently recurred. The applicant was status post prostate surgery, it was stated. Limited lumbar range of motion was noted with 4/5 right lower extremity strength versus 5/5 left lower extremity strength. The diminished sensorium was noted about the right lower extremity versus intact sensorium about the left leg. The applicant was ambulating slowly with the aid of a cane. A Voltaren gel and repeat epidural steroid injections were sought. The applicant's work status was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar Epidural Steroid Injection at Bilateral L4-5 QTY 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** The request in question is a request for repeat epidural injection. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat blocks should be based on evidence of pain relief and/or functional improvement achieved with earlier blocks. In this case, however, the applicant has neither achieved requisite analgesia with nor compelling evidence of functional improvement with earlier blocks. The applicant does not appear to have returned to work. The applicant has heightened pain complaints as opposed to reduced pain complaints, despite prior epidural injection therapy. The applicant remains reliant and dependent on various medications, including topical Voltaren gel. It is further noted that the attending provider has sought authorization for a series of two epidural injections. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does not support a series of three blocks nor, by implication, the series of two blocks being proposed here, preferring instead to base repeat blocks on evidence of functional improvement with earlier blocks. In this case, as previously noted, there is no such evidence of functional improvement. Therefore, the request is not medically necessary.

**Lumbar Epidural Steroid Injection L5-S1 QTY 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, a series of three epidural steroid injections are not recommended nor, by implication, is the series of two epidural injections being proposed here. Rather, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines supports using functional improvement as a determinant as to whether to pursue repeat blocks or not. In this case, the applicant has had prior blocks. There has been no clear evidence of functional improvement with the same. The applicant does not appear to have returned to work. The applicant does not appear to have diminished reliance on medications or other forms of medical treatment as a result of the earlier epidural injection, implying a lack of functional improvement as defined in MTUS 9792.20f through the prior epidural block. Therefore, the request for two epidural steroid injections at L5-S1 is not medically necessary.