

<b>Case Number:</b>	CM14-0016997		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/13/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 chronic low back pain reportedly associated with an industrial injury of January 13, 2001. 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; at least two prior epidural steroid injections, per the claims administrator; open reduction and internal fixation of a radial fracture; open reduction and internal fixation of a tibial fracture; a 16% whole-person impairment rating through a medical-legal evaluation of July 26, 2013; and the apparent imposition of permanent work restrictions. In a handwritten progress note dated "11-2013," the applicant presented with persistent complaints of low back pain radiating into the right leg. The applicant also had complaints of knee pain as well as complaints of headaches. The applicant stated that earlier epidural steroid injections were helpful and stated that he wished to pursue a third injection. The attending provider appealed the previously denied lumbar epidural steroid injection. Permanent work restrictions suggested by an agreed medical evaluator were apparently renewed. In an applicant questionnaire dated November 20, 2013, the applicant stated that he did continue to use a cane, crutch, or walker. The applicant stated that he was still having issues with pain and sleep disturbance, 8/10. The applicant did not state whether or not he was working. On October 28, 2013, the applicant was described as using Tylenol, Zyvox, Norco, Colace, and hydrochlorothiazide. The applicant's work status was not provided, although, again, it did not appear that the applicant was working with permanent limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection to the level L5-S1 on the right:** Upheld

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

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on evidence of functional improvement and lasting analgesia achieved with earlier blocks. In this case, however, the applicant is seemingly off of work. The applicant has permanent work restrictions which remained in place, unchanged, from visit to visit. The applicant continues to report 8/10 pain, despite having two prior epidural injections. The applicant continues to remain reliant on Norco, an opioid analgesic. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite two prior epidural steroid injections. Therefore, the request for a third epidural steroid injection is not medically necessary.