

<b>Case Number:</b>	CM14-0137980		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	08/11/2004
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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 August 11, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; earlier lumbar laminectomy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 13, 2014, the claims administrator denied a request for a repeat epidural steroid injection, stating that there was no compelling evidence of radiculopathy at the levels in question. The applicant's attorney subsequently appealed. In a February 24, 2014 Medical-legal Evaluation, the applicant was described as having issues with chronic low back pain, neck pain, palpitations, shoulder pain, and psychological stress. The applicant was status post two prior spine surgeries. The applicant was using Duragesic, Topamax, Norco, Soma, Wellbutrin, Ativan, Lamictal, acyclovir, Synthroid, and Pepcid, it was acknowledged. Work restrictions were endorsed. The applicant was given a 17% whole-person impairment rating. The attending provider posited that the applicant's employer was likely unable to accommodate said limitations. In a February 27, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into lower extremities. The applicant was not working, it was acknowledged. The applicant was given refills of Duragesic, Topamax, Norco, and Soma. Repeat epidural steroid injection therapy was endorsed on the grounds that the applicant did achieve good pain relief with an earlier epidural block. The applicant was asked to remain off of work for an unspecified amount of time. On May 6, 2014, Duragesic, Topamax, Norco, and Soma were sought, along with trigger point injections, a repeat epidural steroid injection, and a lumbar MRI to search for a new disk herniation. The applicant was again placed off of work, on total temporary disability, owing to

severe, worsening, 10/10 low back pain inadequately controlled with Duragesic usage. The applicant remained off of work on a later note dated August 7, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Repeat Bilateral L4-5 and L5-S1 TFESI Epidural Injection:** Upheld

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

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is off of work, on total temporary disability. The applicant remains dependent on a variety of opioid and non-opioid agents, including Norco, Soma, Topamax, Duragesic, etc. The applicant presented on multiple office visits, referenced above, reporting 10/10 low back pain, which the attending provider felt was so severe that a repeat lumbar MRI was endorsed. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS despite at least one prior lumbar epidural steroid injection at an earlier point over the course of the claim. Therefore, the request for an additional epidural steroid injection is not medically necessary.