

<b>Case Number:</b>	CM14-0138999		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 has filed a claim for low back pain reportedly associated with an industrial injury of March 3, 2014. Thus far, the applicant has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy, acupuncture, and manipulative therapy; and a lumbar support. In a Utilization Review report dated August 5, 2014, the claims administrator denied a request for a series of three epidural injections. The injections in question were requested on July 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Request for Lumbar Epidural Injection x 3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESI's).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. 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 is not recommended either in the diagnostic or therapeutic phase of injection therapy. Rather, page 46 of the guidelines recommends using functional improvement as a barometer to determine whether to pursue repeat

epidural blocks or not. The request, thus, as written, runs counter to MTUS principles as the attending provider is seemingly intent on performing the three injections as a series with no proviso to evaluate the applicant between each injection to evaluate the effects of the same. Therefore, the request is not medically necessary or appropriate.