

<b>Case Number:</b>	CM14-0139800		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	04/18/1991
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 and foot pain reportedly associated with an industrial injury of April 18, 1991. 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; opioid therapy; epidural steroid injections; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated August 29, 2014, the claims administrator denied a request for a morphine implantation trial and initial fill. The claims administrator incorrectly stated that the applicant was 23 years old in its Utilization Review Report. The claims administrator stated in one section of its note that the applicant had failed various treatments including a spinal cord stimulator, medications, a cane, and epidural injections and then stated, somewhat incongruously, that there is no evidence that prior conservative treatment had been rendered and failed. In a Utilization Review Report dated August 18, 2014, the claims administrator denied a request for an epidural steroid injection. The applicant's attorney subsequently appealed. In a progress note dated July 11, 2014, the applicant reported heightened pain complaints. The applicant reported persistent complaints of low back pain radiating into the legs, right greater than left. 7/10 pain was noted with medications versus 10/10 without medications. The applicant's medication list included morphine and Elavil, it was stated. The applicant was asked to continue current opioids. It was stated that the applicant needed morphine pump trial. The applicant was not working, it was acknowledged. It was stated that the applicant has been failed a spinal cord stimulator trial and was lying down on the table during the current evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Topic. Page(s): 46,. Decision based on Non-MTUS Citation MTUS 9792.20f.

**Decision rationale:** The request in question represents a repeat epidural steroid injection. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is off of work. The applicant has failed to demonstrate any lasting benefit through earlier blocks. Persistent, heightened pain complaints were reported, above. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including opioid agents such as morphine, a spinal cord stimulator trial, and a contested intrathecal pain pump delivery system. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite earlier epidural injections. Therefore, the request for Lumbar Epidural Steroid Injection is not medically necessary.