

<b>Case Number:</b>	CM14-0151039		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	01/15/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 15, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; at least one prior epidural steroid injection on May 20, 2014; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated August 28, 2014, the claims administrator denied a request for multi-level epidural steroid injections. The applicant's attorney subsequently appealed. In an August 12, 2014 progress note, authorization was sought for repeat epidural steroid injections on the grounds that the applicant had achieved 30% reduction in pain scores with earlier epidural injections. The applicant did appear depressed, it was noted. The applicant was given diagnoses which included lumbar radiculopathy, facet arthropathy, knee internal derangement, depression, and anxiety. The applicant's work status was not stated on this occasion. In an August 5, 2014 progress note, the applicant again reported persistent complaints of low back pain. Work restrictions were endorsed. The applicant was reportedly using Flexeril, Robaxin, and Cymbalta, it was stated on this occasion. The applicant's BMI was 27. In a June 25, 2014 progress note, the applicant was apparently given Toradol injection for a flare-up pain. It was acknowledged that the applicant had received only modest improvement from an earlier epidural block. Work restrictions were again endorsed, although it did not appear that the applicant was working with said limitations in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural steroid injection at bilateral L4-5, L5-S1: Upheld**

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

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

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and/or functional improvement with earlier blocks. In this case, however, the applicant does not appear to have returned to work, despite at least one prior epidural steroid injection. The applicant remains highly dependent on various analgesic, adjuvant, and psychotropic medications, despite the prior epidural block. Work restrictions are seemingly renewed, unchanged, from visit to visit. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite at least one prior epidural block in May 2014. Therefore, the request is not medically necessary.