

<b>Case Number:</b>	CM14-0156775		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	08/20/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2014

### 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 20, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 16, 2014, the claims administrator denied a request for two transforaminal epidural steroid injections, stating that the attending provider had failed to furnish any radiographic evidence of radiculopathy at the levels in question. The applicant's attorney subsequently appealed. In an August 15, 2014 progress note, the applicant reported persistent complaints of neck and low back pain. The applicant was status post an earlier transforaminal epidural steroid injection at L4-L5, it was noted. Radicular complaints, however, were worse. The applicant had completed physical therapy, manipulative therapy, and acupuncture, it was acknowledged, with reportedly minimal relief. Norco, Terocin, and Motrin were providing some temporary relief. 8/10 low back pain was noted with associated cramping leg pain impacting the applicant's ability to stand and walk. Limited lower extremity strength was noted. Norco was refilled while repeat epidural steroid injection therapy was sought at L4-L5. Permanent work restrictions were renewed. It was acknowledged that the applicant was not 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:

**Transforaminal Epidural Injection Left L4, L5, Quantity 2: Upheld**

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

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

**Decision rationale:** The request in question does represent a repeat epidural block. 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 seemingly off of work. The applicant remains highly dependent on opioid agents such as Norco. The applicant is having difficulty performing activities of daily living as basic as standing and walking. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines argues against a series of three epidural steroid injections or, by implication, the series of two epidural steroid injections sought here, preferring instead to evaluate each injection on its own merits. Therefore, the request is not medically necessary.