

<b>Case Number:</b>	CM14-0158398		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	09/10/2013
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 September 10, 2013. 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; unspecified amounts of chiropractic manipulative therapy; a lumbar support; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated August 30, 2014, the claims administrator partially approved a request for a series of epidural steroid injections as one epidural steroid injection. The applicant's attorney subsequently appealed. In a Doctor's First Report (DFR) dated December 12, 2013, the applicant transferred care to a new primary treating provider (PTP) at the request for her attorney. The applicant was placed off of work, on total temporary disability. In an August 5, 2014 progress note, the applicant consulted a pain management physician. The applicant reported 8/10 low back and knee pain with derivative complaints of depression, anxiety, and fatigue. The applicant was using Naprosyn, Tramadol, and Prilosec, it was stated. The applicant exhibited an antalgic gait. Limited lumbar range of motion was noted. 4/5 right lower extremity strength was noted versus 5/5 left lower extremity strength. A series of epidural steroid injections was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Series Right L5-S1 and Right S1 Transforaminal Lumbar Epidural Steroid Injections:**  
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 Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, a series of three epidural injections is not recommended either in the diagnostic or therapeutic phase of treatment. Rather, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines suggests using lasting analgesia and functional improvement as a barometer to determine whether to pursue repeat injections or not. The request, thus, as written, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.