

<b>Case Number:</b>	CM14-0162024		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	02/09/2010
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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, has a subspecialty in Preventive 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 February 9, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and at least one prior epidural steroid injection in 2011, per the claims administrator. In a Utilization Review Report dated September 24, 2014, the claims administrator denied a request for an epidural steroid injection. The applicant's attorney subsequently appealed. In a Medical-legal Evaluation dated September 3, 2014, it was acknowledged that the applicant had been off of work since February 2014. The Medical-legal evaluator suggested that epidural steroid injection therapy might be beneficial here. The applicant was using Relafen and naproxen, it was acknowledged, at this point in time. In a March 10, 2014 progress note, the applicant was described as using Norco for pain relief. The applicant's work status was reportedly "unchanged." It did not appear that the applicant was working. The applicant was having difficulty sitting, standing, and/or walking or lengthy amounts of time. The attending provider nevertheless suggested that the earlier epidural injection had been beneficial. On May 19, 2014, it was acknowledged that the applicant remained off of work. The applicant was using Relafen for pain relief. Physical therapy was sought. On June 30, 2014, it was again acknowledged that the applicant was off of work, on total temporary disability. A repeat epidural injection was sought. It was stated that the goal of epidural steroid injection therapy was to get the applicant back to work. The applicant was described as having "non-radiating" low back pain on this occasion, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar Epidural Steroid Injection at the Levels of the Left L5-s1 under Fluoroscopy and Myelography: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

**Decision rationale:** While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, in this case, however, the applicant was described on office visits of May 19, 2014 and June 30, 2014, referenced above, as experiencing "non-radiating" low back pain. The applicant does not, thus, have evidence of any ongoing lumbar radicular complaints from which epidural steroid injection therapy would be indicated. It is further noted that the request in question represents a request for a repeat epidural injection. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that repeat injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, however, the applicant is off of work, on total temporary disability, despite having received one prior block. The applicant remains dependent on opioid medications such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite at least one prior epidural injection. Therefore, the request for an epidural injection is not medically necessary.