

<b>Case Number:</b>	CM14-0166877		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	01/28/2011
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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, bilateral arm, and bilateral hand pain with derivative complaints of psychological stress reportedly associated with an industrial injury of January 28, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; earlier left and right carpal tunnel release surgery; psychological counseling; psychotropic medications; electrodiagnostic testing of May 6, 2013, suggestive of mild L5 radiculopathy; and MRI imaging of the lumbar spine of May 6, 2014, demonstrating a 4-mm concentric disk bulge generating impingement upon the exiting left L5 nerve root. In a Utilization Review Report dated October 7, 2014, the claims administrator denied a request for an epidural steroid injection. The claims administrator based its denial on the fact that the applicant did not have a confirmed radiculopathy. The claims administrator did, it is incidentally noted, approve a request for Talwin apparently made on the same date. The applicant's attorney subsequently appealed. In a December 10, 2014 progress note, the applicant reported persistent complaints of hand pain, anxiety, and low back pain. The hand pain was described as throbbing. The applicant was on Abilify, aspirin, Valium, Voltaren, Lyrica, Prilosec, Talwin, Desyrel, and Effexor, it was acknowledged. The applicant was kept off of work, on total temporary disability. The applicant was asked to continue Talwin. The progress note focused on the applicant's wrist complaints, with only incidental mention made of the applicant's low back pain issues. In a July 21, 2014 progress note, the applicant apparently presented with ongoing complaints of left leg pain, low back pain, and sciatica. The applicant had received epidural steroid injection therapy at L5-S1 on January 10, 2014 and February 21, 2014, the attending provider acknowledged. The applicant was described as having a flare of low back pain. Repeat epidural steroid injection at L5-S1 was sought. The applicant was asked to continue Talwin and Lyrica for pain relief.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left transforaminal LS-S1 therapeutic epidural injection, qty : 1.00:** Upheld

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

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

**Decision rationale:** The request in question does represent a request for a repeat Epidural Steroid Injection; the applicant has had two prior Epidural Steroid Injections in 2014 alone. 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 functional improvement with earlier blocks. In this case, however, the applicant is off of work, on total temporary disability; despite having had two prior Epidural Steroid Injections in 2014 alone. The applicant remains dependent on opioid agents such as Talwin and non-opioid agents such as Lyrica. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS despite multiple prior epidural steroid injections over the course of the claim. Therefore, the request for a repeat Epidural Injection at L5-S1 is not medically necessary.