

<b>Case Number:</b>	CM14-0179870		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	05/19/2004
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 May 19, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier spine surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 27, 2014, the claims administrator denied an epidural steroid injection on the grounds that the applicant did not have compelling evidence of radiculopathy at the level in question. The claims administrator stated that its decision was based on a progress note of September 24, 2014. It was not stated whether or not the applicant had had prior epidural steroid injection therapy or not. The applicant's attorney subsequently appealed. In a March 21, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. The applicant was using Cymbalta, Lidoderm, Norco, Colace, MiraLax, Prilosec, Lyrica, morphine, Pennsaid, Ambien, Tenormin, Zestril, and metformin, it was acknowledged. The applicant was using a cane to move. The applicant exhibited a visibly antalgic gait. The applicant was asked to consult an orthopedic knee surgeon. The applicant was status post lumbar laminectomy on October 2006, it was acknowledged, and earlier knee arthroscopy in September 2012. A TENS unit, additional physical therapy, and additional aquatic therapy were endorsed. It was stated that the applicant might be a candidate for spinal cord stimulator and/or pain pump. The applicant was not working with permanent limitations in place, it was acknowledged. In a September 24, 2014 progress note, the applicant reported highly variable low back pain, 5/10. The applicant was reportedly using Avinza, Colace, Lyrica, Pennsaid, Desyrel, Motrin, Prilosec, Norco, Cymbalta, Percocet, and metformin, it was acknowledged. 4/5 left lower extremity strength was appreciated versus 5/5 right lower extremity strength. The applicant did exhibit positive straight

leg raising. It was stated that the applicant had atrophy about the left calf and thigh. This was not measured, however. Epidural steroid injection therapy was endorsed. Multiple medications were refilled, including Desyrel, Norco, morphine, Percocet, Colace, Lyrica, Motrin, Prilosec, and Cymbalta. A lumbar support was apparently sought. The applicant's work status was not furnished on this occasion. The attending provider did not state whether the applicant had or had not had previous epidural steroid injection therapy or not.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Transforaminal lumbar epidural injection (L5-S1, bilateral): 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 topic 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, as is present here, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that there should be some radiographic and/or electrodiagnostic corroboration of radiculopathy. Here, the attending provider did not clearly identify whether or not there was or was not radiographic or electrodiagnostic corroboration of radiculopathy at the level in question, L5-S1. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does support up to two diagnostic blocks, in this case, it is likely that this would, in fact, be a diagnostic block, some 10 years removed from the date of injury. The attending provider did not, furthermore, clearly identify whether the applicant had or had not had prior epidural steroid injection therapy. Therefore, the request is not medically necessary.