

<b>Case Number:</b>	CM14-0181257		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	02/10/2005
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 low back and knee pain reportedly associated with an industrial injury of February 10, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier knee surgery; massage therapy; mechanical device to administer massage; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 22, 2014, the claims administrator failed to approve a request for an epidural steroid injection. The claim administrator stated that the applicant had had one epidural steroid injection with reported benefit, but then stated that the applicant did not have compelling evidence of radiculopathy. The applicant's attorney subsequently appealed. In a November 5, 2014 appeal letter, the attending provider noted that the applicant did have L5 radicular symptoms, did have associated positive straight leg raising, and had had an earlier epidural steroid injection, which generated 50 to 70% pain relief. The attending provider stated that the applicant had spinal stenosis and lateral recess stenosis at L4-L5 and some evidence of neurologic compromise at L5-S1 as well on MRI imaging. The attending provider stated that the earlier epidural injection had targeted the L5-S1 level. In a procedure note of October 29, 2013, the applicant did receive left L5-S1 transforaminal epidural steroid injection. In a September 23, 2014 progress note, the applicant reported ongoing complaints of low back and left knee pain. The applicant was using Aleve, melatonin, Lunesta, and muscle relaxants on an as-needed basis. In one section of the note, it was stated that applicant was not using opioids any longer. In the medication section of the report, it was stated that the applicant was using Flexeril, folate, Norco, aspirin, and melatonin, however. Positive left-sided straight leg raising was noted. Repeat epidural steroid injection was sought. The applicant was diabetic, it was acknowledged. Tizanidine was endorsed. The applicant's work

status was not furnished. The applicant was using a mechanical device to receive massage, it was noted and was using a topical compounded medication, it was further noted. In a medical-legal evaluation of August 21, 2014, the medical-legal evaluator suggested that the applicant's multifocal pain complaints were a function of cumulative trauma from working as a firefighter with [REDACTED]. The applicant was given a "final rating of 83% whole person impairment," the medical-legal evaluator concluded. While the applicant's work status was not stated, it did not appear that the applicant was working here.

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

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

**Left lumbar L5-S1 transforaminal epidural steroid injection (TFESI): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 9792.20f Page(s): 46.

**Decision rationale:** The request in question does represent a repeat epidural steroid injection, both the attending provider and claims administrator have acknowledged. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant is seemingly no longer working after having been given an 83% whole person impairment rating by a medical-legal evaluator. The applicant remains dependent on a variety of medications, including Flexeril, Zanaflex, Norco, and a topical compounded cream. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite one prior epidural steroid injection. Therefore, the request for a repeat epidural steroid injection is not medically necessary.