

<b>Case Number:</b>	CM14-0033059		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	05/16/2009
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	02/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 16, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; adjuvant medications; sleep aids; and the apparent imposition of permanent work restrictions which have resulted in the applicant's removal from the work place. In a Utilization Review Report dated February 11, 2014, the claims administrator apparently denied a request for an epidural steroid injection. The documentation was highly templated. Despite the fact that the applicant was several years removed from the date of injury, the claims administrator stated that there was no evidence that the applicant had proven unresponsive to conservative treatment. Despite the fact that the applicant was not working, the claims administrator stated that there is no evidence that the applicant had continued functional deficits. There is no discussion of whether or not the applicant had had a prior epidural injection or not. The applicant's attorney subsequently appealed. A January 7, 2014 progress note is notable for comments that the applicant had unchanged complaints of pain with right arm numbness and weakness. The applicant also has low back pain radiating to the right leg and reported numbness about the right leg. 5/5 lower extremity strength was appreciated with some hypoesthesias noted about the right leg on exam. An epidural steroid injection at L4-L5 was sought. It was stated that this was a diagnostic injection. It was acknowledged that the applicant was not working. The applicant was asked to cease smoking. The remainder of the file was surveyed. There was no evidence that the applicant had in fact undergone lumbar epidural steroid injection therapy at an earlier point in time.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **LUMBAR EPIDURAL STEROID INJECTION AT L4-L5 BILATERAL:** Overturned

**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 Injections topic Page(s): 46.

**Decision rationale:** The request in question represents a first-time epidural block. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, up to two diagnostic epidural steroid injections are endorsed. In this case, the attending provider stated that the request in question in fact represents a first-time, diagnostic epidural block. The applicant has, contrary to what was suggested by the claims administrator, clearly failed a variety of conservative treatment, including time, medications, physical therapy, etc. The applicant is not working. A trial diagnostic epidural steroid injection is therefore medically necessary.