

<b>Case Number:</b>	CM14-0045424		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/23/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 on December 23, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and work restrictions. In a Utilization Review Report dated March 21, 2014, the claims administrator denied a request for a lumbar epidural steroid injection. The claims administrator, in its denial, did incorporate a lumbar MRI of October 2011, which demonstrated a far lateral disk extrusion at L4-L5 which had apparently encroached upon the exiting L4 nerve root. The claims administrator stated that there was no clear-cut evidence of lumbar radiculopathy for which epidural injections would be indicated. The claims administrator did not state whether or not the applicant had had prior epidural injections or not. The applicant's attorney subsequently appealed, on March 27, 2014. In a progress note dated February 18, 2014, the applicant presented with persistent complaints of low back pain. The applicant continues to suffer from axial back pain, it was stated. The applicant was using Norco and Lidoderm. The attending provider sought authorization for diagnostic and therapeutic medial branch blocks while Norco, Lidoderm, and Motrin were refilled. The applicant was placed off work, on total temporary disability. On March 4, 2014, the attending provider again stated that the applicant would remain off work owing to intractable back pain complaints. On this occasion, it was incidentally noted, the applicant was described as having positive straight leg raising. Diagnostic and therapeutic medial branch blocks were sought while multiple medications were refilled. The epidural steroid injection in question was addressed via a March 14, 2014 Request for Authorization form. Epidural steroid injection therapy was sought at this time. It was stated that the applicant had

prior epidural injections. It was suggested that the applicant had been receiving one to two prior epidural injections annually.

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

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

#### **Lumbar Epidural Steroid Injection, Bilateral L4-L5, L5-S1: Upheld**

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

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

**Decision rationale:** The request in question does apparently represent a request for repeat epidural steroid injection therapy. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat epidural steroid 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. The applicant remains highly reliant and highly dependent on opioid medications, such as Norco. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f, despite multiple earlier epidural injections. Therefore, the request for a repeat epidural steroid injection at L4-L5 and L5-S1 is not medically necessary.