

<b>Case Number:</b>	CM13-0027913		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	06/09/1992
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 June 9, 1992. In a Utilization Review Report dated September 9, 2013, the claims administrator failed to approve requests for a series of two lumbar epidural steroid injections. The claims administrator referenced July 17, 2013 progress note in its determination. The applicant's attorney subsequently appealed. On July 1, 2013, the applicant reported persistent complaints of low back pain. The applicant was already status post one prior lumbar epidural steroid injection, it was acknowledged. The applicant had retired, it was suggested. The applicant's medication list included naproxen, Allegra, doxycycline, Zestril, allopurinol, and Zocor, it was incidentally noted. A series of two epidural steroid injections was apparently proposed.

### 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, L5-S1 SERIES OF TWO UNDER FLUOROSCOPIC GUIDANCE WITH CONSCIOUS SEDATION: 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 (ESIs), 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46 of 127.

**Decision rationale:** No, the request for a series of two lumbar epidural steroid injections was not medically necessary, medically appropriate, or indicated here. 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, the applicant's response to previous epidural steroid injection therapy was not clearly detailed. The presence or absence of functional improvement in terms of the parameters established in MTUS 9792.20f was not clearly detailed. The request for a series of two consecutive injections without an intervening office visit with the applicant to ensure a favorable response to the first injection before moving forward with a second procedure, moreover, runs counter to MTUS principles and parameters. Therefore, the request was not medically necessary.