

<b>Case Number:</b>	CM14-0193251		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	05/03/2011
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 3, 2011. In a Utilization Review Report dated October 23, 2014, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator suggested that the applicant had had previous epidural steroid injections but had not demonstrated any benefit with the same. The claims administrator did allude to earlier electrodiagnostic testing of February 17, 2014 demonstrating a chronic L4-L5 radiculopathy. The claims administrator stated that it was basing its decision on ACOEM Guidelines but did not incorporate any guidelines into its report rationale. The claims administrator stated that its decision was based on office visits of October 6, 2014 and February 3, 2014. The applicant's attorney subsequently appealed. In a July 14, 2014 progress note, the applicant reported persistent complaints of low back pain, highly variable, 5-8/10. The applicant was not working, it was acknowledged. 4/5 left lower extremity strength was appreciated. The applicant received multiple trigger point injections. Norco, tramadol, Remeron, and Prozac were renewed. Urine drug testing and 12 sessions of aquatic therapy were sought while the applicant was kept off of work, on total temporary disability. On February 26, 2014, the applicant was again placed off of work, on total temporary disability, owing to multifocal complaints of low back, neck, and knee pain. Viscosupplementation injections and a cervical spine surgery consultation were sought. On April 3, 2014, the applicant was, once again, placed off of work, on total temporary disability. On August 18, 2014, the attending provider again placed the applicant off of work, on total temporary disability, while complaining that the claims administrator had not responded to his RFA for cervical and epidural steroid injection therapy. Tramadol, Norco, Prozac, and Remeron were refilled. On October 6, 2014, the applicant reported ongoing complaints of "constant, intractable neck, upper back, and lower back pain.

The applicant stated that his pain complaints were as high as 9/10 and impacting his ability to interact with others. The applicant developed depression and insomnia. The applicant was using a cane to move about. Norco, tramadol, Remeron, and Prozac were renewed. The attending provider again complained that the claims administrator had failed to respond to his request for epidural steroid injection therapy.

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

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

#### **Epidural Steroid Injection, Lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

**Decision rationale:** In its Utilization Review Report dated October 23, 2014, the claims administrator framed the request as a repeat epidural steroid injection, noting that the applicant had had multiple prior epidural steroid injections, including in February 2013. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and/or functional improvement with earlier blocks. Here, however, the applicant is off of work, on total temporary disability, and remains dependent on opioid agents such as Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite prior epidural steroid injection therapy. Therefore, the request for a repeat epidural steroid injection is not medically necessary.