

<b>Case Number:</b>	CM14-0204888		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	11/15/2010
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 November 15, 2010. In a Utilization Review Report dated November 5, 2014, the claims administrator denied a request for two consecutive bilateral transforaminal epidural steroid injections. The claims administrator referenced a September 30, 2014 progress note in its determination. The claims administrator also referenced a November 22, 2014 lumbar MRI demonstrating 2 mm disk bulge at L2-L3, a 3-4 mm disk bulge at L3-L4, and 2-4 mm disk protrusion at L4-L5. The claims administrator stated that the applicant had clinical findings suggestive of radiculopathy corroborated by MRI but stated that there was no documentation of unresponsiveness to conservative therapy, despite the fact that the applicant was several years removed from the date of injury as of the date the request. The claims administrator did not state whether or not the request is a first time request or renewal request. In a June 10, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to bilateral lower extremities, right greater than the left. The applicant was using Norco, Ativan, Neurontin, Prevacid, and several topical compounds. Paresthesias were noted about the legs. The attending provider stated that the applicant had had an earlier electrodiagnostic testing in February 2011 which demonstrated an active L5 radiculopathy. Epidural steroid injection therapy was sought at L3-L4 and L4-L5. The applicant's work status was not clearly outlined. On July 8, 2014, the attending provider reiterated request for epidural steroid injection therapy. On August 5, 2014, the attending provider stated that he was seeking authorization for epidural steroid injection therapy at L3-L4 and L4-L5 levels. The applicant was asked to continue currently prescribed medications. On September 10, 2014, the attending provider again reiterated his request for epidural steroid injection therapy at L3-L4 and L4-L5. Lumbar MRI imaging of June 28, 2014 was notable for evidence that the

applicant had undergone a bilateral L4 hemilaminectomy with associated scarring. L4-L5 lateral recess narrowing with associated nerve root effacement at L5 was noted. Mild deformation of the L3-L4 nerve roots was also evident. Electrodiagnostic testing of bilateral lower extremities dated June 26, 2014 was interpreted as normal. In a June 27, 2014 medical-legal evaluation, the medical-legal evaluation acknowledged that the applicant remained off of work since 2012. The applicant has had physical therapy and aquatic therapy over the course of the claim. The medical-legal evaluator did conduct a comprehensive survey of records which revealed that the applicant's previous treating providers had sought both cervical and lumbar epidural steroid injection therapy as early as March 27, 2012, although it was not clearly established whether the applicant had in fact undergone said epidural steroid injection therapy.

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

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

#### **Two bilateral lumbar transforaminal epidural steroid injections at L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Section.

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

**Decision rationale:** The request, as written, appears to represent a request for two consecutive epidural steroid injections at the L4-L5 level. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the request, as written, suggests that the attending provider is intent on pursuing two consecutive epidural steroid injections at the L4-L5 level, with no proviso to reevaluate the applicant after the first injection before moving forward to the second injection. The request, thus, as posed also runs counter to the attending provider's narrative commentary in several progress notes, referenced above, including September 2, 2014, to the effect that the attending provider stated that he would intend on seeking epidural steroid injection therapy at L3-L4 and L4-L5 as opposed to two consecutive injections at the L4-L5 level alone. Therefore, the request is not medically necessary.