

<b>Case Number:</b>	CM14-0205618		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	05/01/2011
<b>Decision Date:</b>	02/12/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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 1, 2011. In a Utilization Review Report dated November 21, 2011, the claims administrator denied a request for epidural steroid injection therapy. The claims administrator referenced a November 11, 2014 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. In said November 11, 2014 progress note, the applicant reported ongoing complaints of low back pain, reportedly worsened as a result of cold weather. Radiating pain to the right leg was also appreciated. The attending provider referenced lumbar MRI imaging of July 11, 2013 demonstrating a 6-mm diffuse disk osteophyte complex at L5-S1 with associated moderate-to-severe left-sided neuroforaminal narrowing. An annular tear with minimal disk bulge was noted at L4-L5. The applicant did have positive straight leg raising on exam with some weakness about the right EHL musculature. The attending provider also referenced electrodiagnostic testing of August 12, 2013 demonstrating left-sided L5 radiculopathy. Epidural steroid injection therapy was sought while oxycodone and tizanidine were endorsed. It was not clearly stated whether the request for epidural steroid injection was a first-time request or a renewal request. In a September 10, 2014 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. The applicant stated that he was having difficulty getting up out of bed. It was stated that the applicant had had a prior epidural steroid injection on August 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal Epidural Steroid Injection Bilateral L5-S1 and Bilateral S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) 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 does represent a repeat epidural steroid injection as the applicant's has already had one prior epidural steroid injection as recent as August 2014. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injections be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was/is off of work, on total temporary disability, despite having had the prior epidural steroid injection. The applicant remains dependent on opioid agents such as oxycodone and non-opioid agents such as Zanaflex. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of at least one prior epidural steroid injection. Therefore, the request for a repeat epidural steroid injection is not medically necessary.