

<b>Case Number:</b>	CM15-0101641		
<b>Date Assigned:</b>	06/08/2015	<b>Date of Injury:</b>	01/19/2005
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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 47-year-old who has filed a claim for chronic low back, arm, leg, shoulder, mid back, hip, ankle, and foot pain reportedly associated with an industrial injury of January 10, 2005. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve a request an L5-S1 lumbar epidural steroid injection. The claims administrator referenced a progress note dated April 29, 2015 in its determination. The claims administrator did not state whether the applicant had or had not had earlier epidural steroid injection therapy, although the claims administrator did reference earlier MRI imaging of April 9, 2005, apparently demonstrating a disk protrusion at L5-S1 with associated possible impingement upon the right S1 nerve root. The applicant's attorney subsequently appealed. Lumbar MRI imaging dated January 17, 2008 was notable for a small posterior right paracentral disk protrusion at L5-S1, which appeared to exert slight mass effect upon the right S1 nerve root. The applicant did receive a lumbar epidural steroid injection on January 26, 2015 with fluoroscopic guidance and monitored anesthesia care. In a progress note dated April 29, 2015, the applicant reported ongoing complaints of low back pain with ancillary complaints of right arm pain, right leg pain, right shoulder pain, mid back pain, hip pain, and bilateral ankle and foot pain. The applicant's pain complaints were worsening in severity and frequency. Highly variable 4-8/10 pain complaints were reported. The applicant was not out of the house daily, it was acknowledged and was resting and/or reclined 25% of the day. The applicant's medications included Norco, Lunesta, Neurontin, Flexeril, Motrin, Voltaren gel, senna, and Xanax. The applicant did have a past medical history notable for depression, anxiety, and diabetes, it was reported. An epidural

steroid injection was endorsed. Hyposensorium about the right leg was appreciated on exam. The applicant's work status was not detailed, although it did not appear that the applicant was working. In an earlier note dated March 19, 2015, the applicant stated the earlier epidural steroid injection had generated 60% pain relief for an unspecified amount of time. Once again, it was acknowledged that the applicant was not out of the house on a daily basis and/or was reclined and/or rested 25% to 50% of the waking day. The applicant was again described as using Norco, Lunesta, Neurontin, Flexeril, Voltaren gel, Motrin, and senna, several of which were renewed and/or continued.

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

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

#### **Right transforaminal epidural steroid injection at L5-S1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** No, the request for an epidural steroid injection at L5-S1 was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for repeat epidural steroid injection therapy. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant's work status was not outlined on multiple office visit, referenced above. However, commentary made by the attending provider on office visits of April 29, 2015 and on March 19, 2015 suggested that the applicant was not out of the house daily and was rested or reclined 25% to 50% of the working day strongly implied that the applicant was not working. The applicant likewise remained dependent on a variety of analgesic, adjuvant, and sedative medications, including Norco, Neurontin, Flexeril, Voltaren gel, Motrin, Lunesta, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of an unspecified number of epidural steroid injections over the course of the claim, including one as recent as January 26, 2015. Therefore, the request for a repeat lumbar epidural steroid injection was not medically necessary.