

<b>Case Number:</b>	CM15-0107811		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	04/26/1989
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 26, 1999. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve a request for a transforaminal epidural injection at L4-L5 and a subsequent caudal injection two weeks after the transforaminal epidural injection. The claims administrator referenced a May 19, 2015 progress note in its determination. The applicant's attorney subsequently appealed. The applicant also personally appealed, writing handwritten comments on the body of the UR report stating that her pain complaints were greater than those reported by the claims administrator and/or treating provider. A lumbar MRI imaging dated May 12, 2015 was notable for multilevel disk bulging with associated moderate-to-severe narrowing of the left and right neural foramen at the L4-L5 level. Thecal sac encroachment was noted owing to a disk bulge at the L3-L4 level. In an October 2, 2014 progress note, it was stated that the applicant had ongoing complaints of low back and left leg pain, 6/10, exacerbated by walking, bending, and all physical activities. A lumbar radiofrequency ablation procedure was sought on this date. Decreased range of motion was noted. The applicant's work status was not detailed. It was stated that the applicant's morbid obesity and multilevel degenerative disk disease would complicate any surgical attempt, as would comorbid scoliosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient: Transforaminal injection at the right L4-L5 and caudal injection schedule 2 weeks after TFLESI: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 45.

**Decision rationale:** No, the request for a transforaminal epidural steroid injection at L4-L5 followed by a caudal injection two weeks afterward 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 injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the request for a transforaminal epidural steroid injection followed by a caudal epidural injection two weeks following, thus, is at odds at MTUS principles and parameters as it does not contain a proviso to reevaluate the applicant after the first block before moving forward with repeat blocks. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that repeat blocks should be based on sustained pain relief with associated reduction in medication consumption for six to eight weeks. The request for a second epidural injection two weeks after the first epidural injection, thus, is at odds with page 46 of the MTUS Chronic Pain Medical Treatment Guidelines. Finally, the May 19, 2015 progress note on which the article in question was proposed was not incorporated into the IMR packet. The historical note on file, moreover, failed to support or substantiate the request. Therefore, the request was not medically necessary.