

<b>Case Number:</b>	CM15-0163192		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	04/25/2014
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 29-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 23, 2014. In a Utilization Review report dated July 23, 2015, the claims administrator failed to approve a request for lumbar epidural steroid injection x 2 at the L4-S1 levels. The claims administrator referenced an RFA form received on July 7, 2015. The claims administrator contended that the applicant did not have electrodiagnostic corroboration of radiculopathy. A May 20, 2015 progress note was referenced in the determination. It was not clearly stated whether the applicant had or not had a prior injection. In a medical-legal evaluation dated March 30, 2015, the applicant reported ongoing complaints of low back pain, 8 to 10/10. The medical-legal evaluator referenced a July 7, 2014 lumbar MRI demonstrating multilevel disc protrusions of uncertain clinical significance including at the L4-L5 and L5-S1 levels. There was no explicit mention of the applicant's having received a prior epidural steroid injection. On April 16, 2015, the applicant was placed off of work, on total temporary disability. Electrodiagnostic testing of bilateral lower extremities was sought. On May 20, 2015, the applicant reported ongoing complaints of low back pain, 7 to 8/10 with medications versus 9/10 without medications. A well-preserved lower extremity motor function was appreciated. Two lumbar epidural steroid injections were sought while the applicant was placed off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar epidural steroid injection times 2 at L4-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural Steroid Injections.

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

**Decision rationale:** No, the request for bilateral lumbar epidural steroid injections x 2 at the L4-S1 levels was not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, the pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, thus, the attending provider's request for two consecutive epidural steroid injections without any proviso to reevaluate the applicant after the first injection so as to ensure favorable response to the same before moving forward with a second injection was, thus, at odds with MTUS principles and parameters. Therefore, the request was not medically necessary.