

<b>Case Number:</b>	CM15-0207555		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	06/01/1999
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 57-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 1, 1999. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for a third lumbar epidural steroid injection. The claims administrator referenced a September 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On a progress note dated September 8, 2015, the applicant was placed off of work, on total temporary disability. Ongoing complaints of low back pain radiating to legs were reported. The applicant reported continued complaints of pain exacerbated by weight bearing, sitting, standing, and walking. Additional aquatic therapy, Norco, Ambien, Remeron, and the third epidural steroid injection at issue were endorsed while the applicant was kept off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3rd Lumbar epidural injection levels L4-5, L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** No, the request for a third lumbar epidural steroid was not medically necessary, medically appropriate, or indicated here. The request was framed as a request for a repeat epidural steroid injection. 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 with functional improvement with earlier blocks. Here, however, the applicant was off of work, on total temporary disability on the September 8, 2015 office visit at issue. The applicant remained dependent on opioid agents such as Norco, the treating provider acknowledged on that date. Activities of daily living as basic as sitting, standing, walking, remained problematic, the treating provider acknowledged, despite receipt of multiple prior epidural injection therapy. The request for a repeat epidural injection was not, thus, indicated. Therefore, the request was not medically necessary.