

<b>Case Number:</b>	CM15-0220861		
<b>Date Assigned:</b>	11/16/2015	<b>Date of Injury:</b>	07/19/2000
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	10/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2015

### 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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 19, 2000. In a Utilization Review report dated October 27, 2015, the claims administrator failed to approve a request for lumbar epidural steroid injections. A September 30, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said September 30, 2015 office visit, the attending provider appealed the previously denied epidural injections, noting that the applicant had ongoing issues with low back pain radiating into the bilateral lower extremities. Positive straight leg raising and lower extremity dysesthesias were reported. The note was highly templated, some 3 pages long, failed to clearly recount the applicant's work status. The applicant was given refills of Norco, Mobic, Prilosec, Cymbalta, and Zanaflex, the treating provider reported. It was not clearly stated whether the applicant had or had not had prior epidural injections. On March 18, 2015, repeat lumbar MRI imaging was ordered on the grounds that the applicant's pain complaints were seemingly worsened.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection, Left L2: 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 lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injections are recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that pursuit of repeat steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the attending provider's September 30, 2015 office visit did not clearly state whether the applicant had or had not had prior epidural steroid injections and, if so, what the response to the same was. The fact that the request in question was initiated some 15 years after the stated date of injury, July 19, 2000, strongly suggested that the request in fact represented request for a repeat epidural steroid injection. The fact that the applicant's work status was not clearly reported on said September 30, 2015 office visit, coupled with the fact that the applicant remained dependent on a variety of analgesic and adjuvant medications to include Norco, Mobic, Cymbalta, Zanaflex, etc., taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite presumed receipt of earlier epidural steroid injection(s) over the course of the claim. Therefore, the request was not medically necessary.

**Lumbar epidural steroid injection, Right L5:** 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:** Similarly, the request for a right L5 lumbar epidural steroid injection(s) was not medically necessary, medically appropriate, or indicated here. While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does epidural steroid injection is recommended as an option in the treatment of radicular pain, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting 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 response to previous injections (if any) was not clearly described or characterized on the September 30, 2015 office visit at issue. The fact that the applicant was some 15 years removed from the date of injury as of the date of the request, however, strongly suggested that the applicant had, in fact, had prior epidural injections. The fact that the applicant's work status was not reported, the applicant's seeming failure to return to work, and the applicant's continued reliance on a variety of analgesic and adjuvant medications to include Norco, Mobic, Cymbalta, Zanaflex, etc., taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite presumed receipt of earlier epidural steroid injection(s) over the course of the claim. Therefore, the request was not medically necessary.