

<b>Case Number:</b>	CM15-0052984		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	05/10/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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 34-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 10, 2010. In a Utilization Review report dated March 2, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator referenced an RFA form of January 5, 2015 in its determination. The claims administrator contended that the applicant did not have radiographically or electrodiagnostically confirmed radiculopathy. The applicant's attorney subsequently appealed. On February 9, 2015, the applicant reported ongoing complaints of low back pain, hip pain, knee pain, and ankle pain with derivative complaints of depression, anxiety, and reflux. The applicant stated that his pain complains were interfering with his ability to perform even basic tasks at home, such as playing with his children. The applicant is using a topical compounded medication, which was apparently refilled. Two consecutive epidural steroid injections were proposed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 interlaminar steroid injection x2 with Tuohy needle positioned to the left of midline:**  
 Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections (ESIs).

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

**Decision rationale:** No, the request for two 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 stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with preceding blocks. Here, however, the request for two consecutive epidural steroid injections, thus, ran counter to MTUS principles and parameters as, by definition, it did not contain a proviso to have the applicant reevaluated between injections before moving forward with the decision to pursue a second injection. Therefore, the request was not medically necessary.