

<b>Case Number:</b>	CM15-0060002		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	01/26/2010
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 63-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 25, 2010. In a Utilization Review report dated February 25, 2015, the claims administrator failed to approve a request for epidural steroid injection therapy at L2-L3 with an associated pre-procedure consultation. The claims administrator referenced a RFA form dated February 18, 2015 and a progress note dated February 6, 2015 in its determination. The claims administrator contended that the applicant had had two prior epidural steroid injections, without profit. The applicant's attorney subsequently appealed. Lumbar MRI imaging of January 20, 2015 was notable for multilevel degenerative disk disease, evidence of previous fusion at L3-S1, moderate-to-severe spinal canal stenosis at L2-L3, and neuroforaminal stenosis at L5-S1. On February 6, 2015, the applicant reported heightened complaints of low back pain radiating into left leg. Hyposensorium was noted about the leg on exam. The applicant was using Lyrica for pain relief, it was acknowledged. Epidural steroid injection therapy was seemingly endorsed, despite the fact that a previous caudal injection had not resulted in any pain relief. The attending provider stated that he would perform the injection via transforaminal technique. The attending provider acknowledged that the applicant could potentially be a candidate for further spine surgery. The attending provider acknowledged that there might be some technical difficulty performing the procedure owing to indwelling fusion hardware. The applicant's work status was not furnished. On December 19, 2014, the attending provider acknowledged that the applicant had received recent epidural steroid injection some one year prior. The applicant's pain complaints were reportedly worsening. The applicant was using

Lyrica for pain relief. The applicant's complete medication list was not, however, detailed. The applicant's work status, once again, was not furnished.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Pre-Epidural Consultation: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations, page 127; Official Disability Guidelines (ODG0, Low Back - Lumbar & Thoracic.

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

**Decision rationale:** No, the request for a pre-epidural consultation was not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanied the primary request for an epidural steroid injection. Since that was deemed not medically necessary, this derivative or companion request for a pre-epidural consultation was likewise not medically necessary.

#### **Bilateral L2/3 Transforaminal Epidural Steroid Injection, Fluoroscopy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

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

**Decision rationale:** Similarly, the request for bilateral L2-L3 transforaminal epidural steroid injection under fluoroscopy was not medically necessary, medically appropriate, or indicated here. The request in question, as acknowledged by the treating provider and the claims administrator, does represent a repeat epidural block. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges 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 pain complaints were seemingly heightened on office visits of February 6, 2015 and December 19, 2014, the treating provider reported. The applicant remained dependent on adjuvant medications such as Lyrica. The applicant's work status was not detailed on office visits of February 6, 2015 or December 19, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of prior epidural steroid injection therapy. Therefore, the request was not medically necessary.

