

<b>Case Number:</b>	CM15-0085341		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	02/06/2012
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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 25-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 8, 2012. In a Utilization Review report dated April 6, 2015, the claims administrator failed to approve a request for an L4-L5 epidural steroid injection. A March 20, 2015 progress note was referenced in the determination. The claims administrator did refer to earlier electrodiagnostic testing of April 3, 2012, which was reportedly notable for an L5 radiculopathy. The claims administrator did not state whether the applicant had or had not had previous epidural injections and seemingly based his denial, in less part, to the fact that the applicant had already been deemed permanent and stationary. On October 24, 2014, the applicant reported ongoing complaints of low back pain, 6-9/10. The applicant was using Dilaudid and Neurontin for pain relief, it was reported. The attending provider stated that the applicant had left lower extremity radicular pain complaints with hyposensorium about the left leg noted on exam. A spine surgery consultation was endorsed, along with a topical compounded medication, Dilaudid, and Neurontin. The applicant was placed off work, on total temporary disability, via progress notes dated November 10, 2015 and December 11, 2014. A Medical-legal report dated December 17, 2014 made no mention of the applicant's having had epidural steroid injection through that point in time. Repeat electrodiagnostic study of January 8, 2015 was notable for a chronic L5 nerve root impingement. On January 13, 2015, the applicant's pain management physician stated that the applicant had had left-sided epidural steroid injection on January 30, 2014 at the L5-S1 level. The applicant was still using Dilaudid and Neurontin, it was acknowledged.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L4-L5 epidural steroid injection under fluoroscopy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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:** No, the request for a lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question does represent a request for repeat lumbar epidural steroid injection therapy. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off work, on total temporary disability, despite receipt of at least one prior lumbar epidural steroid injection. The applicant remained dependent on opioid agents such as Dilaudid, despite receipt of earlier epidural steroid injection therapy. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior epidural injection. Therefore, the request for a repeat epidural steroid injection was not medically necessary.