

<b>Case Number:</b>	CM15-0098853		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	09/04/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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:

In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection under fluoroscopic guidance at L1-L2. The claims administrator framed the request as a request for repeat epidural steroid injection and suggested that the applicant had failed to profit with the earlier block. Overall commentary was sparse. An April 20, 2015 progress note was seemingly referenced in the determination. An April 20, 2015 RFA form was referenced in the determination. On April 15, 2015, the applicant reported ongoing complaints of low back pain. The attending provider stated that the applicant's previous epidural steroid injection had proven beneficial. The applicant was, however, still having persistent complaints of actual low back and radicular leg pain. The applicant stood 6 feet 3 inches tall and weighed 380 pounds it was reported. Normal lower extremity motor strength was noted with positive straight leg raising. A repeat epidural steroid injection was sought, along with aquatic therapy. A 15 to 20 pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On February 11, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using Tramadol and Lidoderm patches at this point, it was acknowledged. A 15 pound lifting limitation was endorsed on this date. Once again, the treating provider did not state whether the applicant was or was not working with said limitation in place. On March 12, 2015, the same occasional 15-20 pounds lifting limitation was endorsed. Once again, it was not explicitly stated whether the applicant was or was not working with limitations in place as of this point in time, although this did not appear to be the case.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lumbar ESI (epidural steroid injection) under imaging at L1-2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs), Criteria for the use of Epidural Steroid Injections.

**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 at L1-L2 under fluoroscopic guidance 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 predicated on evidence of lasting analgesia and functioning with earlier blocks. Here, however, a 15-pound lifting limitation was seemingly renewed, unchanged, from visit to visit, despite receipt of earlier epidural steroid injection. The applicant remained dependent on analgesic medications, including Tramadol and Lidoderm patches, despite receipt of one prior epidural steroid injection. The applicant did not appear to be working with said 15-pound lifting limitation in place, it was further noted. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e despite receipt of prior epidural steroid injection therapy. Therefore, the request for a repeat epidural steroid injection was not medically necessary.