

<b>Case Number:</b>	CM14-0114237		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	02/09/2008
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	06/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 reportedly associated with an industrial injury of February 9, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and work restrictions. In a Utilization Review Report dated June 20, 2014, the claims administrator denied a request for set of two lumbar epidural steroid injections. The applicant's attorney subsequently appealed. In a progress note dated May 30, 2014, the applicant reported persistent complaints of low back pain radiating to the left leg, reportedly severe. The applicant also had an ancillary complaint of right shoulder pain. Positive straight leg raising was appreciated bilaterally on exam, with diminished sensorium about the S1 distribution bilaterally. A rather proscriptive 15-pound lifting limitation, diclofenac, tramadol, and omeprazole were endorsed, along with two lumbar epidural steroid injections. It was not clearly stated whether or not the applicant was working with the 15-pound lifting limitation in place.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Lumbar Epidural Steroid Injection X2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic. Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, current research does not support a series of three injections in either of the diagnostic or therapeutic phase here but by implication, then, the series of two injections is likewise not supported, as page 46 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that pursuit of repeat blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. The request for two injections, thus, without a proviso for interval reevaluation of the applicant to ensure that the first injection was successful, thus, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.