

<b>Case Number:</b>	CM14-0142348		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	04/27/2012
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 and 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] operator assistant who has filed a claim for chronic low back pain reportedly associated with cumulative trauma at work between the dates of November 2, 1987, and April 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; at least 1 prior set of epidural steroid injection; unspecified amounts of physical therapy; and unspecified amounts of manipulative therapy. In a utilization review report dated August 4, 2014, the claims administrator denied a request for a second epidural steroid injection and apparently denied a lumbar support brace. The applicant's attorney subsequently appealed. In a prescription form dated July 25, 2014, the applicant was given a refill of Norco. On July 16, 2014, the applicant reported persistent complaints of low back pain, depression, and anxiety, 6/10. The applicant stated that she had experienced 50% pain relief after the June 23, 2014, epidural steroid injection. The applicant stood 5 feet tall and weighed 133 pounds, it was stated. Sacroiliac tenderness, facetogenic tenderness, muscle spasm, and limited lumbar range of motion were appreciated with some diminutions noted about the L5-S1 dermatome. A repeat epidural steroid injection and lumbar support were sought. The applicant's work status was not furnished. In a psychiatric medical-legal evaluation of June 4, 2014, it was acknowledged that the applicant was no longer working and had been terminated from employment in April 2012, after 25 years on the job.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Second Bilateral L5-S1 And S1 Transforaminal Epidural Steroid Injection: 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 Injection Topic. Page(s): 46.

**Decision rationale:** As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural injections should be based on continued objective documented pain relief and functional improvement, including at least 50% pain relief with associated reduction in medication usage for six to eight weeks following the previous injection. In this case, however, the attending provider seemingly sought authorization for the repeat block in question on July 16, 2014, i.e., some three weeks removed from the earlier epidural steroid injection of June 23, 2014. Thus, there was no evidence that the applicant had, in fact, noted sustained pain relief for a span of at least six to eight weeks following the earlier epidural injection. The attending provider sought authorization for the request three weeks after the first injection. The request, thus, does not conform to MTUS parameters. It is further noted that the fact that the applicant remained off work and remains dependent on opioid therapy with Norco, taken together, does imply a lack of functional improvement as defined in MTUS 9792.20(f) through the earlier epidural injection. Therefore, the request for a second epidural steroid injection is not medically necessary.

**Lso Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Supports

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant is well outside of the acute phase of symptom relief following a cumulative trauma claim of April 27, 2012. Introduction and/or ongoing use of a lumbar support is not indicated. Therefore, the request is not medically necessary.