

<b>Case Number:</b>	CM14-0088554		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2014

### 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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 16, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; adjuvant medications; 24 sessions of manipulative therapy; 24 sessions of acupuncture; extensive periods of time off of work; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 27, 2014, the claims administrator denied a request for an epidural steroid injection at L5-S1, citing lack of supporting information on the part of the attending provider. The claims administrator suggested that the request represented a repeat request for epidural steroid injection therapy. The applicant's attorney subsequently appealed. In a progress note dated April 2, 2014, the applicant reported persistent complaints of low back pain. The applicant reported a recent flare in symptoms owing to performance of recent electrodiagnostic testing. The applicant was on Norco, Flexeril, and Elavil, it was acknowledged. The applicant had last worked on February 7, 2013, over one year prior. 4+/5 left lower extremity strength versus 5-/5 right lower extremity strength were appreciated with decreased left leg sensorium. A mildly antalgic gait was noted. 7-8/10 was reported. A variety of medications were refilled. Epidural steroid injection therapy at L5-S1 was sought. The treating provider posited that the epidural in question could potentially serve both diagnostic and/or therapeutic effect. In a medical-legal evaluation of March 18, 2014, the applicant was described as no longer working as a maintenance worker. The applicant had undergone a previous epidural steroid injection on December 11, 2013, the medical-legal evaluator reported. The applicant was using Norco, phentermine, and a lumbar corset. The applicant was severely obese, standing 5 feet 2 inches tall, weighing 200 pounds, it was further stated.

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

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

**Transforaminal epidural steroid injection on the left L5 and S1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The request in question does, in fact, represent a repeat epidural steroid injection request. However, as noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, repeat injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. In this case, the applicant is off of work, on total temporary disability, despite having had at least one prior epidural injection. The applicant remains highly reliant and highly dependent on other forms of medical treatment, including physical therapy, manipulative therapy, acupuncture, opioids such as Norco, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite earlier epidural steroid injection therapy. Therefore, the request is not medically necessary.