

<b>Case Number:</b>	CM14-0211040		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	02/27/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 27, 2013. In a Utilization Review Report dated December 3, 2014, the claims administrator denied a request for a lumbar epidural steroid injection. The claims administrator did incidentally allude to the applicant's having had earlier cervical epidural steroid injection therapy on January 21, 2014. A progress note of November 17, 2014 and an associated RFA form of December 2, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated November 17, 2014, the applicant was placed off of work, on total temporary disability. The applicant exhibited a visibly antalgic gait requiring usage of a cane. Large portions of the progress note were difficult to follow and not entirely legible. The applicant did have positive straight leg raising on the right leg, it was suggested. The applicant was placed off of work while a lumbar steroid injection was apparently sought and/or appealed. Naprosyn was prescribed. It was not clearly stated whether the applicant had or had not had a prior epidural block or not.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections.

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

**Decision rationale:** While page 46 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that epidural steroid injection therapy is recommended as an option in the treatment of radicular pain, preferably that which is radiographically and/or electrodiagnostically confirmed, in this case, however, the handwritten progress note provided of November 17, 2014 contained no references to the applicant's radiculopathy being radiographically and/or electrodiagnostically confirmed. It is further noted that page 46 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the attending provider's progress note was difficult to follow, not entirely legible, and did not clearly state whether the applicant had or had not had prior lumbar epidural steroid injection therapy. Therefore, the request is not medically necessary.