

<b>Case Number:</b>	CM14-0213058		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	06/18/2007
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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 June 18, 2007. In a Utilization Review Report dated December 16, 2014, the claims administrator denied a lumbar epidural steroid injection with associated fluoroscopic and monitored sedation. The claims administrator stated that its decision was based on progress note and/or RFA form received on December 6, 2014. The applicant's attorney subsequently appealed. On February 10, 2014, the applicant did receive a lumbar epidural steroid injection at the L4-L5 level under fluoroscopy with monitored anesthesia care. On January 2, 2015, the applicant reported persistent complaints of low back pain radiating to the bilateral legs. The applicant again stated that the earlier epidural steroid injection had generated some improvement. The applicant reported an average pain score of 8/10. The applicant was using a cane to move about. The applicant was depressed, angry, and frustrated. The applicant was resting or reclined 50% to 75% of the working day, it was stated. The applicant's medications included methadone, Xanax, Ambien, Cymbalta, Voltaren, Senna, and Levoxyl. Epidural steroid injection therapy was again sought. The applicant's work status was not clearly stated, although the treating provider suggested that the applicant was no longer working in her former role as a meat cutter. On December 5, 2014, the applicant again reported persistent complaints of low back pain radiating to the legs, averaging 9/10 during the preceding month. The applicant was having difficulty with activities as basic as lifting, standing, and walking. The applicant was having difficulty with activities as basic as lifting, standing, and walking. The applicant's work status was not clearly stated, although it did not appear that the

applicant was working. The applicant was using Xanax, Ambien, and methadone. Epidural steroid injection therapy was again sought on the grounds that that the previous epidural steroid injection was reportedly successful.

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

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

**Lumbar Epidural Steroid Injection (ESI), unspecified level, per report dated (12/05/2014)  
QTY: 1.00:** Upheld

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

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

**Decision rationale:** The request in question does represent a repeat epidural injection as the applicant has had at least one prior epidural steroid injection in February 2014. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant's work status has not been clearly detailed, although it does not appear that the applicant is working as a meat cutter at this point. The applicant remains dependent on a variety of analgesic and anxiolytic medications, including methadone and Xanax. The applicant is using cane to move about. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite at least one prior epidural injection. Therefore, the request for a repeat epidural injection is not medically necessary.