

<b>Case Number:</b>	CM15-0017490		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	03/19/1996
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	01/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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:

This 59 year old male sustained a work related injury on 03/19/1996. According to a progress report dated 12/08/2014, the injured worker's chief complaint was chronic lower back pain, bilateral lower extremity pain, neck pain, thoracic pain and right greater than left shoulder pain. The injured worker reported that immediately following his most recent lumbar injections two weeks prior that he experienced new onset left buttock and left lower extremity pain and numbness, ongoing left sided symptoms and no change in his right lower extremity symptoms. He reported pain in the middle and right greater than left lower back, right buttocks, right lateral thigh, left greater than right posterior thigh, left greater than right calf, right sole and right hallux. Pain was rated 8 on and scale of 1-10 on the right and a 10 on the left. There was also numbness in the same distribution as the pain. He had difficulty taking a shower because of his inability to stand. Diagnoses included chronic pain syndrome, personal history of cervical fusion, stenosis of cervical spine region, degeneration of cervical intervertebral disc, spondylosis of cervical joint, strain, thoracic spine multilevel TDD /facet arthrosis, spinal stenosis of lumbar region, radiculitis/radiculopathy lumbar, degeneration of lumbar intervertebral disc, rotator cuff syndrome and impingement syndrome of shoulder right greater than left. The injured worker was referred for open lumbar spine MRI to rule out left S1 nerve compression given the new onset of left buttock and posterior lower extremity pain. According to a progress report dated 12/18/2014, the injured worker reported that the repeat left C2, C3 and C4 radiofrequency medial branch neurotomies that he received on 11/12/2014 continued to be helpful by 75 percent so far. He reported pain in the middle and right greater than left lower back, right buttocks, right lateral

thigh, left greater than right posterior thigh, left greater than right calf, right sole and right hallux, rated 6 out of 10 in severity on the right and 9 out of 10 on the left. On 01/08/2015, Utilization Review non-certified Epidural Steroid Injections, 1 repeat bilateral L5 and bilateral S1 transforaminal epidural steroid injections. According to the Utilization Review physician, MTUS guidelines stated that repeat block should be based on continued objective documented pain and functional improvement, including at least 50 percent pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Since this was not documented, the criteria for repeat injection were not met. Guidelines cited for this request included CA MTUS Chronic Pain Medical Treatment Guidelines, Epidural Steroid Injections. The decision was appealed for an Independent Medical Review.

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

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

**Epidural steroid injections, 1 repeat bilateral L5 and bilateral S1 transforaminal epidural steroid injections:** 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 injections (ESIs) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. .

**Decision rationale:** The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 19, 1996. In a Utilization Review Report dated January 8, 2015, the claims administrator failed to approve a request for lumbar epidural steroid injection therapy. The claims administrator contended that the request represented a repeat request and that the applicant had reportedly failed to profit from the same. The applicant's attorney subsequently appealed. The applicant had received authorization for a previous lumbar epidural steroid injection on August 4, 2010, the claims administrator noted in its index of records. A repeat lumbar epidural steroid injection was again approved by the claims administrator on November 17, 2010. In a December 18, 2014 progress note, it was acknowledged that the applicant was off work permanently. Epidural steroid injection therapy, Motrin, Ambien, and a neuromodulator device were endorsed. The applicant was using a cane to move about. In addition to reporting primary complaints of low back pain, the applicant also had ancillary complaints of neck and shoulder pain. The applicant's medication list was not detailed. No, the request for repeat lumbar epidural steroid injection is not medically necessary, medically appropriate, or indicated here. As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, the applicant was/is off of work permanently, it was suggested above. The applicant was having difficulty performing activities of daily living as basic as standing and walking and was apparently using a cane to move about. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of several earlier epidural steroid injections over the course of the claim. Therefore, the request for

an additional lumbar epidural steroid injection is not medically necessary. MTUS Chronic Pain Medical Treatment Guidelines, page 46, Epidural Steroid Injections topic. MTUS 9792.20f.