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| <b>Case Number:</b>   | CM15-0170312 |                              |            |
| <b>Date Assigned:</b> | 09/10/2015   | <b>Date of Injury:</b>       | 09/02/2003 |
| <b>Decision Date:</b> | 10/15/2015   | <b>UR Denial Date:</b>       | 08/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/28/2015 |

### 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, New York, 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 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 2, 2003. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for lumbar epidural steroid injection, reportedly to include 2 additional levels. The claims administrator referenced an RFA form received on August 17, 2015 and an associated progress note of August 12, 2015 in its determination. The applicant's attorney subsequently appealed. On August 12, 2015, the applicant reported exacerbation of axial back pain with occasional complaints of right leg pain. The attending provider contended that the applicant had had epidural steroid injections in the past, some of which were beneficial, some of which were not effective, it was acknowledged. The applicant had undergone an earlier microdiscectomy procedure in 2011, earlier shoulder surgery, an earlier elbow surgery, it was acknowledged. A 3-level lumbar epidural steroid injection was seemingly sought. The applicant was given a trigger point injection in the clinic. The applicant was considering a shoulder replacement procedure, it was reported. The applicant's medications included gabapentin, topical diclofenac, Celebrex, tizanidine, topical capsaicin, topical Flector, and oral Ambien, it was reported. The applicant's work status was not reported on this occasion, although it did not appear that the applicant was working. A medical-legal evaluator acknowledged on September 19, 2012 that the applicant was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Lumbar epidural steroid injection to include 2 each additional levels, lumbar epidurogram, fluoroscopic guidance and IV sedation: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** No, the request for a lumbar epidural steroid injection was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for a repeat epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injection should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the treating provider himself reported on August 12, 2015 that several prior epidural steroid injections had not, in fact, proven beneficial. The applicant remained dependent on a variety of analgesic and adjuvant medications to include topical diclofenac, oral Celebrex, tizanidine, topical capsaicin, topical Flector, and Neurontin; it was reported on August 12, 2015. The applicant was not working and had not worked in several years; it was reported on a Medical-legal Evaluation of September 19, 2012. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of multiple prior lumbar epidural steroid injections over the course of the claim. Therefore, the request for a repeat injection is not medically necessary.