

<b>Case Number:</b>	CM15-0070012		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 17, 2008. In a Utilization Review report dated March 13, 2015, the claims administrator failed to approve a request for a lumbar epidural steroid injection. The claims administrator framed the request as a repeat epidural steroid injection, noting that the applicant had had at least one prior epidural block on July 31, 2014. The claims administrator contended that the applicant failed to profit from the first injection. The applicant's attorney subsequently appealed. On February 11, 2015, the applicant reported ongoing complaints of low back pain, 5-6/10, with radiation of pain and numbness about the right leg. The applicant was asked to continue unspecified medications. Permanent work restrictions imposed by a medical-legal evaluator were renewed. It did not appear that the applicant was working with said limitations in place. On December 18, 2014, permanent work restrictions, tramadol, Flexeril, and Dexilant were renewed. The remainder of the file was surveyed. The February 20, 2015 progress note on which the article in question was proposed did not appear to have been incorporated into the IMR packet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection transforaminal right at L5, S1: 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): 46.

**Decision rationale:** No, the proposed lumbar epidural steroid injection at L5-S1 was not medically necessary, medically appropriate, or indicated here. The request in question does represent a repeat epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines notes that pursuit of repeat epidural blocks should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, permanent work restrictions were renewed, unchanged, from visit to visit. The previous epidural steroid injection did not impact the applicant's work restrictions. The applicant did not appear to be working with said limitations in place. The applicant remained dependent on various analgesic medications, including tramadol and Flexeril. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite receipt of earlier epidural steroid injection therapy. Therefore, the request for a repeat epidural steroid injection was not medically necessary.