

<b>Case Number:</b>	CM13-0029775		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	08/31/1999
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 53-year-old male with a date of injury of 08/31/1999. The Utilization Review determination being challenged is dated 09/09/2013 and recommends denial of Lumbar ESI. Patient has diagnosis of left knee strain and is status post lumbar spine surgery (2000) and right knee surgery (2010). According to report dated 08/20/2013 by [REDACTED], patient presents with low back, right and left knee pain. Patient indicates he has no numbness and tingling. Physical examination showed, right knee flexion at 90 and extension at 0. Manual muscle testing of the right knee showed extension 5/5, extensor hallicus longus 5/5, and plantar flexion 5/5. Sensation of anterior thigh, right mid-lateral calf and right lateral ankle are intact. Lumbar MRI dated 06/07/2013 shows moderate to severe disc degeneration of L5-S1, bilateral pars interarticularis defects of the L5 vertebrae with 6mm anterolisthesis of L5 on S1, there is also a 3-4mm disc protrusion at L5-S1 contributing to moderate left and mild right foraminal encroachment and mild left lateral recess stenosis noted. L4-5 and L5-S1 facet joint arthropathy and mild disc degeneration at L2-3 without evidence of neural impingement are shown. Treater is requesting lumbar epidural injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection, Lumbar (no level noted) per report dated 8/20/2013 Qty 1.00:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines ESI(Epidural Steroid Injection), Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a "series of three" ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain. (Armon, 2007) See also Epidural steroid injections, "series of three." Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% 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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support a "series-of-three" injections in either the diagnostic