

<b>Case Number:</b>	CM13-0034497		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	06/28/2011
<b>Decision Date:</b>	02/13/2014	<b>UR Denial Date:</b>	10/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation 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 claimant is a 49-year-old male sustained a work related injury on 6/28/11. He sustained the injury due to a fall. The current diagnosis included lumbago. As per the UR notes, there was a doctor's note, dated 6/18/13, which noted that the patient had moderate symptomatic relief in the low back pain from recent acupuncture. The physical examination revealed a positive straight leg raise (SLR) test and tenderness across the low back. The medications included Flexeril and Norco. He had an MRI of the lumbar spine, dated 7/3/12, that revealed a multilevel disc degeneration, annular bulge and facet arthropathy at L5-S1, L1-2 and L4-5 with foramina! narrowing and joint effusion at L5-S1 and L4-5. Any operations/procedure done for this injury was not specified in the records provided. He had received physical therapy, 6 acupuncture visits and chiropractic therapy for this injury. In the letter of appeal, dated 4/19/13, it was indicated that the patient had 6 acupuncture visits. The provider requested two acupuncture visits over the 8 weeks. This was non-certified. The patient was last seen on 9/10/13. The note indicated that the claimant had agreed to acupuncture prescription and epidural injection. He was seen for pain management. Meanwhile, his pain remained the same across the lower back, with intermittent radiating leg pain. He was still taking Norco and Flexeril when necessary. His pain intensity was 6/10 and the pain had been becoming intractable intermittently. Physical examination showed tenderness over the lower back, limited active range of motion (ROM) and straight leg raise (SLR) with resulting radiating buttock pain. The diagnosis was low back pain and sciatica, chronic pain syndrome with positive MRI findings. The plan was to proceed with therapeutic lumbar epidural injection under fluoroscopy at L4-5 and LS-S I. Norco was refilled and the Flexeril was refilled. The provider is also requesting electrical acupuncture x 8 visits. At issue is the request

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Injection(s) anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoscopy or CT) lumbar sacral, single level:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injection Section Page(s): 46.

**Decision rationale:** CA-MTUS, (Effective July 18, 2009), page 46 section on Epidural Steroid Injection indicates: "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)." In this case, the treatments tried and failed and responses to previous injections were not discussed. The provider indicated that the patient was having positive straight leg raise (SLR), side not specified. The MRI study showed degeneration. The provider is requesting that two interlaminar levels are injected. The guidelines do not recommend more than one level to be injected at one time but the provider is requesting such.. There is no collaborative electrodiagnostic studies to document nerve impingement. According to the treating physician, in the medical report dated 9/16/2013 stated that he plan to obtain EMG and NCV, therefore the request for INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL, WITH IMAGING GUIDANCE (FLUOROSCOPY OR CT) LUMBAR SACRAL, SINGLE LEVEL is not medically necessary.