

<b>Case Number:</b>	CM13-0046321		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	12/18/2005
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and Emergency Medicine and is licensed to practice in Florida. 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/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:

This patient is a 48 year-old with a date of injury of 12/18/05. A progress report associated with the request for services, dated 09/19/13, identified subjective complaints of low back pain into the right leg. Objective findings included tenderness of the lumbar spine with decreased sensation in the L4 and L5 distribution. Diagnoses included post laminectomy syndrome. Treatment has included an artificial disc replacement of L4-5 and L5-S1 in 2010. She has had an epidural steroid injection at some time in the past "that helped". She is taking oral and topical analgesics and antidepressants. A Utilization Review determination was rendered on 11/01/13 recommending non-certification of "lumbar epidural steroid injection bilateral L4-5".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL STEROID INJECTION BILATERAL L4-5: 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 based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, (ODG), LOW BACK, EPIDURAL STEROID INJECTIONS.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The Official Disability Guidelines (ODG) states that an epidural steroid injection "... offers no significant long-term benefit." Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections and the second block is not indicated without 30% or more improvement from the first. No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. If there is a documented response to the therapeutic blocks (50-70% pain relief for at least 6-8 weeks), then up to 4 blocks per region per year may be used. Current research does not support "series-of-three" injections. The non-certification was based upon lack of documentation of a 50% improvement in the previous block. Though this may have been done by a different provider and date in the past, some documentation should be in the record of what is known about the previous injection and an attempt to quantify the response. Therefore, there is no documented medical necessity for an epidural steroid injection.