

<b>Case Number:</b>	CM13-0048276		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/31/2000
<b>Decision Date:</b>	05/16/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine 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 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 is a 60 year-old who was injured on 12/31/2000. He has been diagnosed with Bilateral hip pain secondary to OA; left hip arthroplasty; right L5 and S1 radiculopathy; axial low back pain; lumbar spondylosis w/o myelopathy; prostate cancer s/p radiation therapy. On 10/23/13 [REDACTED] UR, reviewed the 9/25/13 report from [REDACTED] and the 9/12/13 lumbar MRI and denied the request for a right L4 and L5 ESI. On 9/25/13, the patient presents with ongoing pain in the left hip and right lower limb, from the right lateral thigh to the medial calf and into the toes. The last ESI was a right L5 TFESI on 12/19/12 and was reported to decrease pain 30-40% and improve his walking tolerance by 30 minutes per day, but the effects have worn off. The 9/12/13 Lumbar MRI report shows multilevel degenerative changes of the lumbar discs and facets with bulges at L1/2 to L4/5. There was moderate L2/3, L3/4 and severe L4/5 central canal stenosis. There was severe L4/5 bilateral facet arthrosis along with mild annular disc bulge that caused the severe central canal stenosis. L5/S1 was transitional L5 body with facet arthrosis but no central or foraminal narrowing. There was moderate foraminal narrowing at L1/2, L2/3, and mild foraminal narrowing at L3/4 and L4/5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RIGHT L4-L5 EPIDURAL STEROID INJECTION (ESI):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON EPIDURAL STEROID INJECTIONS (ESIs) .

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON THE CRITERIA FOR THE USE OF EPIDURAL STEROID INJECTIONS Page(s): 46-47.

**Decision rationale:** MTUS states the ESI is recommended for treatment of radicular pain and states radiculopathy must be documented by physical exam findings and corroborated by imaging. It appears clear that this criteria has been met. MTUS also states: "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" [REDACTED] notes the patient reported 30-40% pain relief, but this was 9-months after the injection. The issues are whether there was 50% pain relief for 6-8 weeks following the ESI. On reviewing the 2/11/13 report from [REDACTED], which was about 8-weeks post injection, the response to the ESI was reported as "good success" there was still some right thigh weakness, but much less burning sensation. The treatment plan states: "We discussed a second ESI should the symptoms begin to return..." It appears that the ESI provided sustained relief to a tolerable level or possibly resolved a major portion of the patient's complaints. . The 8/21/13 report from [REDACTED] shows the effects of the ESI starting to wear off, and the right leg pain is returning. The 12/10/12 shows the patient was using tramadol prior to the ESI and subsequent reports show he was no longer using tramadol. [REDACTED] did not provide a pain assessment using a numeric scale, but from his statements, it appears that there was at least 50% and possible 100% reduction in pain at 8-weeks, with only a component of thigh weakness. MTUS on page 8 states: "Pain is subjective. It cannot be readily validated or objectively measured (AMA Guides, 5th Edition, page 566). Furthermore subjective reports of pain severity may not correlate well with its functional impact." In this case, the patient meets the Objective criteria for a repeat ESI, the duration of benefit easily exceeds MTUS criteria but [REDACTED] report of pain relief is 10% off of the MTUS statement of 50% reduction, and it is not clear if that took into consideration the whole pain presentation including the left hip condition. Based on [REDACTED] reporting, I suspect that more likely than not, the subjective pain relief was over 50% and met MTUS criteria. It seems reasonable to try a second ESI before alternative interventional procedures for severe central canal stenosis. The request is certified.