

<b>Case Number:</b>	CM13-0049355		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/22/2011
<b>Decision Date:</b>	02/25/2014	<b>UR Denial Date:</b>	10/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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:

52 year old male injured worker with date of injury 4/22/11 with related low back pain radiating to the bilateral lower extremities. He has been diagnosed with lumbar radiculopathy with multilevel lumbar degenerative disc disease, and lumbar facet arthropathy. MRI dated 11/2012 revealed disc disease and stenosis at L3-L4. He underwent bilateral L4-L5 transforaminal ESI on 9/9/13 with some benefit. Per 12/3/13 report he noted that his low back and leg pain have remained reduced by approximately 60% as a result of the injections. However he did continue to have significant pain, most significant into the left buttock and left hip region, as well as into the anterior left groin and thigh; and intermittently over the left lateral leg, which reduced in severity after the injection. Objective findings include limited lumbar range of motion with pain, tenderness to pressure, and positive straight leg raise test bilaterally. The injured worker has been trying to work on some exercise, including riding a bike, but has remained limited in this activity. The documentation submitted for review does not address the use of physical therapy. The date of UR decision was 10/16/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-4 Epidural Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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 or therapeutic phase. We recommend no more than 2 ESI injections. The issue about imaging that the UR physician mentions is unclear, because the UR physician references that there is MRI imaging demonstrating stenosis. The most important criteria for repeat ESI is at least 50% pain relief with associated reduction of medication use for 6-8 weeks. 12/3/13 progress report indicates that the injured worker had approximately 60% pain relief from his 9/9/13 injection; representing a duration over 6-8 weeks. As the injured worker does meet the most important MTUS criteria for repeat epidural steroid injection, the request is medically necessary.