

<b>Case Number:</b>	CM14-0003449		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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:

The injured worker reported an injury on 01/12/2012. The mechanism of injury was reported to be caused by bending and lifting boxes. Per the clinical note dated 12/23/2013 the injured worker reported pain to the middle and lower back with was sometimes sharp and shooting. The pain was reported to be made worse by walking, standing, sitting or lifting. The pain was reported to be relieved by lying down and by relaxation. The injured worker reported her pain is severe without medication and moderate with medication. Per the clinical note dated 11/25/2013 the injured worker had a lumbar epidural steroid injection on 10/21/2013. The injured worker reported she felt like it made her low back pain worse and felt it was the worst experience she ever had. The injured worker stated the pain medication gave her 60-70% pain relief. The diagnosis for the injured worker was lumbar radiculopathy. Per the comprehensive report dated 06/20/2013 the injured worker underwent x-rays of the lumbar spine which revealed the overall osseous density was normal, disc spaces were well maintained, facet joints showed no sclerosis or degenerative changes, and there was no sign of spondylolysis or spondylolisthesis. Per the same note an MRI dated 05/18/2012 reported there was a 2mm disc protrusion at L3-L4 and L4-L5 which did not compromise the neural elements. The request for authorization for medical treatment was not provided in the clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THE REQUEST FOR LUMBAR TRANSFORAMINAL INJECTION #2 AND #3 WITH IV SEDATION:** 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 Page(s): 46.

**Decision rationale:** Per the CA MTUS Guidelines epidural steroid injections are recommended as an option for treatment of radicular pain with current guidelines recommending no more than 2 ESI injections. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second block is not recommended if there is inadequate response to the first block, and a third ESI is rarely recommended. 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. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. The guidelines do not recommend more than 2 ESI injections. Per the documentation the injured worker reported worse back pain after the first epidural injection. There was a lack of objective documentation regarding pain relief and a decrease in medication use after the first injection. In addition, the guidelines do not recommend a 3rd injection for the same location. Therefore, the request for lumbar transforaminal injection #2 and #3 with IV sedation is not medically necessary and appropriate.