

<b>Case Number:</b>	CM14-0004311		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	09/16/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/10/2014

### 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 and Rehabilitation 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:

The injured worker is a 36-year-old male with reported an injury on 09/16/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/21/2014 reported that the injured worker complained of pain in the lumbar spine. The physical examination revealed spasm of the left lumbar paraspinal muscles. The operative note dated 03/08/2013 revealed that the injured worker had left L4, right L5, and left S1 transforaminal epidural steroid injections. The operative report dated 02/22/2013 revealed that the injured worker received transforaminal epidural steroid injections to the right L4, left L5, and right S1. The operative report dated 09/06/2013 revealed that the injured worker received transforaminal epidural steroid injections to his right L4, left L5, and right S1. The clinical note dated 03/13/2013 reported that the injured worker had received his second lumbar epidural steroid injections on 02/22/2013. It was noted that the injured worker verbalized feeling greater than 75% better with numbness and tingling. The injured worker continued to complain of pain in the back with right leg numbness. The physical examination revealed positive spasms of bilateral lumbar paraspinal muscles with decreased sensation to the injured worker's right foot. The injured worker's prescribed medication list included Naprosyn, omeprazole, Neurontin, and Flexeril. The injured worker's diagnoses included bilateral lumbosacral radiculopathy. The provider requested lumbar epidural steroid injections at left L4, left L5, and left S1. The provider's rationale was that previous ESI decreased the injured worker's pain by 75% for greater than 6 weeks. The request for authorization form was submitted on 01/10/2014. The injured worker's prior treatments included lumbar epidural steroid injections x 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTIONS AT LEFT L4, LEFT L5 AND LEFT S1.:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CHAPTER: EPIDURAL STEROID INJECTIONS (ESIS) Page(s): 46.

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

**Decision rationale:** The request for lumbar epidural steroid injection at left L4, left L5, and left S1 is not medically necessary. The injured worker complained of lumbar pain. The requesting provider's rationale for ESI injections was due to last set improved the injured worker's pain for greater than 6 weeks. The Chronic Pain Medical Treatment Guidelines recommend epidural steroid injections as an option for treatment of radicular pain. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. 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. No more than two nerve root levels should be injected using transforaminal blocks. No more than one interlaminar level should be injected at one session. 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. 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. It is noted that the injured worker received LESI to the left L5, right L4, and right S1 on 02/22/2013. It is also noted that the injured worker received LESI to the left L4, right L5, and left S1 on 03/08/2013. The injured worker received LESI to the right L4, left L5, and right S1. It was also reported that the LESI received on 02/22/2013 was the second set; however, the previous operative report was not provided in clinical documentation. Clinical documentation indicating a physical examination findings of radiculopathy with corroborated evidence on imaging was not provided. Moreover, the Guidelines require fluoroscopy for guidance while performing the epidural steroid injections. Furthermore, the Guidelines do not recommend a series of 3 injections in either the diagnostic or therapeutic phase. As such, the request is not medically necessary.