

<b>Case Number:</b>	CM14-0009487		
<b>Date Assigned:</b>	03/10/2014	<b>Date of Injury:</b>	09/13/2004
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Orthopedic Surgery, has a subspecialty in Spine Surgery and is licensed to practice in South Dakota. 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 claimant is presented with a date of injury of 9/13/2004. MRI dated 1/23/2013 showed left S1 root displacement and severe L4-5 degenerative disc and facet changes. On 2/27/2013 the claimant was evaluated by neurosurgery with essentially normal exam findings with normal strength and "reasonable" range of motion. A Discogram is suggested in anticipation of surgery. The 3/12/2013, exam revealed positive straight leg raise test on the left but normal motor and sensory exam and normal reflexes. There is tenderness to the low back persists. As of 4/12/2013, the exam is unchanged, pain medicines are continued, and no additional change is seen by 5/14/2013 and 7/16/2013. On 8/7/2013 and epidural block was suggested and was performed 9/4/2013 without reported complication. By 9/10/2013 the leg pain was improved "partially" but pain medicine was not reduced and another epidural block was suggested. As of 12/19/2013 the exam was unchanged and Gabapentin was added for medication management. Ultimately on 1/6/2014 pain management referral for epidural steroid injection was suggested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EPIDURAL BLOCK UNDER FLUOROSCOPY:** Upheld

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

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, regarding criteria for the use of Epidural steroid injections, "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." In this case, the patient has had several epidural steroid injections without significant improvement (at least 50%) documented and no lasting benefit was seen in the records. In addition, there is no objective evidence of any focal nerve root dysfunction revealed by motor, sensory or reflex testing. Therefore, the request for epidural steroid injection is not medically necessary and appropriate.

**REFERRAL TO PAIN MANAGEMENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Editions, Chapter 7, page 127

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.