

<b>Case Number:</b>	CM14-0103961		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2014

### 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 Illinois. 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 34-year-old male who reported an injury after lifting a coworker off the floor on 03/15/2013. The clinical note dated 03/27/2014, indicated the injured worker was status post transforaminal lumbar epidural injection L5-S1. The injured worker reported injection on the left side which offered no pain relief. The injured worker had a bilateral L5-S1 epidural steroid injection and reported 60% reduction in his lower back and left leg. However, the injured worker reported increase in MS-Contin had been helpful in his pain and reported increased constipation. Most recent note dated 06/25/2014 indicated diagnoses of disc disorder, lumbar; lumbar facet syndrome; and lumbar radiculopathy. The injured worker reported low back pain. The injured worker reported the MS-Contin worked well for the pain but he continued to have side effects, such as constipation. On physical exam of the lumbar spine, the injured worker's range of motion was restricted with flexion limited to 30 degrees with pain and extension limited to 5 degrees with pain. On palpation, there was tenderness to the paravertebral muscles and tight muscle bands noted bilaterally. The injured worker was unable to heel walk. The lumbar facet loading test was positive bilaterally. Straight leg raise was positive in the supine position. The injured worker's motor strength was limited by pain. The injured worker's motor strength on the right was 4, ankle dorsiflexion was 4 on the left, ankle plantarflexion was 4 on the left, and extensors were 4 on the left. Knee flexors were 4 on the left, and hip flexors were 4 on the left. The injured worker's sensory exam to pinprick was decreased over the L5-S1 dermatome on the left side. The injured worker's treatment plan included MRI of the lumbar spine, continue with functional improvement from recent lumbar epidural steroid, physical therapy to move forward with aquatic therapy await recommendation. The injured worker's prior treatment included lumbar epidural steroid injection, diagnostic imaging, and medication management. The injured worker's medication regimen included Norco, MS-Contin, Senokot, and Ambien. The provider

submitted for bilateral transforaminal epidural steroid injection to L5-S1. A Request for Authorization was submitted 05/14/2014; however, rationale was not provided for review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Bilateral transforaminal epidural steroid injection L5-S1 quantity requested: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections 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 Bilateral transforaminal epidural steroid injection L5-S1 quantity requested: 1 is not medically necessary. The CA MTUS 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. The injured worker has already had the bilateral transforaminal epidural steroid injection 06/25/2014. He received 60% improvement; however, he did not receive a reduction in medication. In fact, he received an increase in medication. In addition, the provider did not indicate a rationale for the request. Moreover, guidelines recommend no more than 2 epidural steroid injections. Furthermore, the request did not indicate fluoroscopy for guidance. Therefore, the request is not medically necessary.