

<b>Case Number:</b>	CM14-0108117		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	11/08/1995
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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, has a subspecialty in Pain Medicine 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 is a 64-year-old female who reported an injury on 11/08/1995 due to an unknown mechanism. Diagnoses were pain in joint involving shoulder region, cervicalgia, lumbago, chronic pain syndrome, lumbar/thoracic radiculopathy, displacement of lumbar intervertebral disc, and sciatica. Past treatments were lumbar transforaminal steroid injection to the L4-5 on 04/2014 and an epidural steroid injection back in 08/2012. Diagnostic studies were an MRI of the lumbar spine 09/20/2013. The MRI revealed multilevel degenerative changes, most notably at the L2-3, L3-4, and L4-5. At the L2-3, the previously seen large left paracentral disc extrusion with prominent inferior migration has markedly improved in appearance since 09/25/2012. There remains only a small residual left paracentral disc protrusion at this level on the current exam. Left lateral recess narrowing has nearly resolved in the interval and there is no longer impingement of the traversing left L3 nerve root at the level of the left lateral recess. At the L3-4, left paracentral disc protrusion with associated annular tear has significantly improved in size in the interval. Left lateral recess narrowing has also significantly improved and there is no longer such prominent posterior displacement of the traversing left L4 nerve root on the current exam. Left foraminal component disc bulging has slightly progressed at this level since 09/25/2012. At the L4-5, the small left paracentral disc protrusion with associated annular tear is stable in size and appearance since 09/25/2012. Mild result in canal narrowing is stable since the prior exam. Facet arthropathy in minor spondylolisthesis have slightly progressed since 09/25/2012. Past surgeries were right shoulder surgery, 03/04/2011, and left shoulder surgery, 2001. Physical examination revealed normal spinal exam with some pain with range of motion of the lumbosacral spine. There was lumbar spinal tenderness, lumbar paraspinous tenderness, and lumbar facet tenderness at the L4-S1. There were difficulties with forward flexion and backward

extension. Assessment of the injured worker was a review of history of chronic pain syndrome with lumbar disc hernia with radiculopathy and sciatica. The injured worker returned today for a follow-up. She was status post L4-5 epidural steroid injection. Post initial epidural steroid injection of the L4-5, she experienced improvement in pain and functionality of at least 50% pain relief with associated reduction of medication use for over 4 months. Treatment plan was for another transforaminal epidural steroid injection and continue medications as needed and exercises as tolerated. The rationale and Request for Authorization form were not submitted for review.

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

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

#### **Right Transforaminal Epidural Steroid Injection for the Lumbar L4 - L5, Injection #2 (first injection 4/14/14), Outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI).

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines states epidural steroid injections are an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The purpose of an epidural steroid injection is to reduce pain and inflammation, restoring range of motion and there by facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long term functional benefit. The criteria for the use of epidural steroid injections is radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially the patient should be unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants). Injections should be performed using fluoroscopy (live x-ray) for guidance. If used for diagnostic purposes, a maximum of 2 injections should be performed. A second block is not recommended if there inadequate response to the first block. Diagnostic blocks should be at an interval of at least 1 to 2 weeks between injections. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 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 6 to 8 weeks, with a general recommendation of no more than 4 blocks per region per year. Conservative care reports were not submitted for review, such as physical therapy, acupuncture, and chiropractic sessions. The injured worker did not have a diagnosis of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. Therefore, the request is not medically necessary.