

<b>Case Number:</b>	CM14-0013237		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/28/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Anesthesia, has a subspecialty in Acupuncture and Pain Medicine 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:

Patient is a 41y/o male injured worker with date of injury 1/28/13 with related lumbar spine pain. Per 1/6/14 Qualified Medical Evaluator, he complained of continuous pain of moderate intensity in the lumbar spine with spasm; radiation of the pain to the right groin; pain in the cervical spine and thoracic spine; and continuous pain, swelling, and weakness of both knees. Per physical exam, knee jerks were present, ankle jerks were absent, seated straight leg raise was positive, supine straight leg raise was positive. MRI of the lumbar spine dated 2/19/13 revealed a 3.5mm disc protrusion at L5-S1 with mild thecal sac indentation. He has been treated with physical therapy, acupuncture, and medication management. The date of UR decision was 1/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 LUMBAR EPIDURAL STEROID INJECTION AT THE L5-S1: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used to reduce pain and inflammation; restoring range of motion, and thereby facilitating progress in more active

treatment programs while avoiding surgery. However, this treatment alone offers no significant long-term benefit. The criteria for the use of epidural steroid injections are as follows: 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. Per 1/6/14 the Qualified Medical Examiner, recommended epidurals. Per physical exam on that date, it was noted that the injured worker had weakness of both knees. He also was unable to heel and toe walk which is further suggestive of weakness. MRI study noted at the requested level that a 3.5mm disc protrusion impinges on the the cal sac. The request is medically necessary.