

<b>Case Number:</b>	CM14-0017009		
<b>Date Assigned:</b>	03/07/2014	<b>Date of Injury:</b>	08/17/2006
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	01/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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; has a subspecialty in Pain Management 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 patient is a male patient with the date of injury of August 17, 2006. A utilization review determination dated January 26, 2014 recommends non-certification of Surgery L5-S1 interlaminar epidural steroid injection with catheter advancement to L3 levels. The previous reviewing physician recommended non-certification of Surgery L5-S1 interlaminar epidural steroid injection with catheter advancement to L3 levels due to lack of documentation of neurologic exam findings indicative of radiculopathy such as deficits in dermatomal sensation, reflexes, muscle strength and minimal effectiveness of previous epidural injections. A follow-up report dated January 21, 2014 identifies a history of exacerbation of the radiculopathic pain radiating to bilateral lower extremities. He also experiences paresthesia and occasional weakness. Physical examination identifies that the range of motion (ROM) of the lumbar spine is mildly decreased. Tense lumbar paraspinal musculatures are also appreciated. Intervertebral and facet joint tenderness was noted from L3-S1. Long toe extension (EHL) 5-/5 on the left and 5/5 on the right. Assessment identifies lower back pain syndrome, lumbar disc displacement, and lumbar radiculopathy. Plan includes an order to better control his radiculopathic pain, he is scheduled for L5-S1 interlaminar epidural steroid injection with catheter advancement to 3 levels. A July 12, 2013 Pain Management consultation identifies treatment regimen has included orthopedic surgery evaluations, pain management consultation followed by approximately 5 lumbar epidural steroid injections (reportedly mildly beneficial), as well as physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AN L5-S1 INTERLAMINAR EPIDURAL STEROID INJECTION (ESI) WITH CATHETER ADVANCEMENT TO L3 LEVELS: 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 Page(s): 46.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Regarding repeat epidural injections, guidelines state that 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. Within the documentation available for review, there is mention that prior epidural steroid injections were "mildly beneficial". The patient has also undergone 5 prior epidural steroid injections. There is no documentation of pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks with previous injections. In addition, it is unclear if the patient has had more than 4 blocks in the last year. In the absence of such documentation, the currently requested Surgery L5-S1 interlaminar epidural steroid injection with catheter advancement to L3 levels is not medically necessary.