

<b>Case Number:</b>	CM14-0115213		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	12/12/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2014

### 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 Internal 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:

The date of the patient's injury is 7/18/13. He saw his M.D. on 6/18/14 who noted that the patient had a positive straight leg raise test at 30 degrees and that the patient reported radicular symptoms corresponding to his exam. He also noted that a previous MRI done on 10/25/13 demonstrated 6 mm disc herniation at L3-4 and also herniation at L4-5. His diagnosis was lumbar herniated disc. He requested epidural lumbar injection times 2 but was denied by the UR

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LUMBAR EPIDURAL INJECTIONS X 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS(ESI'S).

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

**Decision rationale:** The MTUS that epidural injection for radicular pain is an optional procedure, but it is not recommended for lumbar pain without radiculopathy. The lumbar chapter also states that epidural injections may offer short term improvement in leg pain and sensory deficits with nerve root irritation from a herniated disc, but they have not been shown to offer long term benefit nor do ESI's reduce the need for surgical intervention. Despite the lack of proof

, many physicians believe that these injections offer diagnostic and or therapeutic benefit in the patient transforming from acute to chronic pain. The Chronic pain section states that no more than 2 injections should be given and that research shows that an average of less than 2 injections is needed for a successful outcome. The second injection is offered if there is partial response from the first and that 3 are rarely needed. It is noted that they should be given in concert with other modalities such as home exercise and other physical methods and that the pain relief from the injections is short term. The American Academy of Neurology states that epidural injections may lead to improved radicular L-S pain 2-6 weeks after injection but do not improve function of the patient or eventual need for surgery and that no long term relief for greater than 3 months is accrued. The following criteria for use are delineated. #1, there should be radiculopathy on exam which is corroborated with imaging or electrodiagnostic studies; #2, the patient is unresponsive to conservative treatment such as exercise, PT, NSAID's, and muscle relaxants; #3, fluoroscopy technique should be used for localization; #4, no more than 2 injections should be given at 1 to 2 week intervals; #5, no more than 1 interlaminar level should be injected at 1 session; #6 In the therapeutic phase, utilizing repeat block should be based on continued improvement and at least 50 % pain relief and decreased need for pain meds at 6- 8 weeks after the injection. General recommendations are for no more than 4 blocks per region per year. In the above patient, we note that there is not offered a detailed plan to combine the injection with other modalities and that there is no discussion of other treatments such as NSAID's or muscle relaxants. These modalities should be combined with the epidural injection because of the short term benefit accrued. Lastly, we note that these injections usually are not noted to offer longer term benefit than 3 months. Therefore, the MTUS was justified in denial of this procedure.