

<b>Case Number:</b>	CM14-0123412		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/28/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 45 year old male with date of injury of 6/28/2013. A review of the medical records indicates that the patient is undergoing treatment for thoracic and lumbosacral neuritis and radiculitis. Subjective complaints include continuing low back pain radiating to his buttocks bilaterally; some pain and numbness to his posterior left thigh area. Objective findings include MRI findings showing central canal stenosis and tapering from L3 to S1; no disc herniation or bulge; no foraminal narrowing. Treatment has included a transforaminal ESI at L3-L4 and L4-L5 on 6/24/2014 and Norco, Gabapentin, and Etodolac. The utilization review dated 7/21/2014 partially certified a midline transforaminal lumbar ESI #2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Midline transforaminal lumbar epidural steroid injection #2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections, Criteria for the use of epidural steroid injections Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint diagnostic blocks (injections), Epidural

steroid injections (ESIs), therapeutic , Other Medical Treatment Guideline or Medical Evidence: MD Guidelines, Facet Joint Injections/Therapeutic Facet Joint Injections.

**Decision rationale:** ACOEM Guidelines state "Invasive techniques (e.g., local injections and facet joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." ODG and MD Guidelines agree that: "One diagnostic facet joint injection may be recommended for patients with chronic low back pain that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments (e.g., NSAIDs, aerobic exercise, other exercise, manipulation) in order to determine whether specific interventions targeting the facet joint are recommended. If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50,70% pain relief for at least 6,8 weeks, additional blocks may be supported." The treating physician does not document at least 50% pain relief. He is describing the pain as sharp, but it is still constant in nature. It is 7/10". Per ODG, "Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response." The treating physician does not document any acute exacerbation of pain, new radicular symptoms, continued objective pain relief, or functional response. As such, the request for 2 Transforaminal ESIs is not medically necessary.