

<b>Case Number:</b>	CM14-0138596		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/05/2002
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 & Pain Management, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 58-year-old male who reported an injury on 03/05/2002. The mechanism of injury was not clearly indicated in the clinical notes. His diagnoses included lumbar disc herniation, stenosis, bilateral radiculopathy, left shoulder rotator cuff tendinitis, anxiety, depression, and insomnia. The injured worker's past treatments included physical therapy, acupuncture, chiropractic care, injections, and medications. The injured worker's diagnostic exams included an MRI of the lumbar spine performed on 08/07/2007. His surgical history was not clearly indicated in the clinical notes. On 07/28/2014, the injured worker complained of low back pain that was getting progressively worse. He rated this pain at 7/10 on average, which got progressively worse with prolonged sitting, standing, walking, and repetitive bending. He also reported that his medications helped decrease pain intensity down to 2/4-10 and allowed for the increased ability to perform activities of daily living. The injured worker reported that he had a lumbar spine epidural steroid injection in the past and had positive relief and would like to try this method again. The physical examination revealed that the lumbar spine range of motion was decreased and spasms with tenderness of the lumbar paraspinal muscles were present. His range of motion values included 55 degrees of flexion, 25 degrees of extension, 30 degrees of left bending, 30 degrees of right bending, and a positive straight leg raise at 75 degrees within the L5-S1 distribution. The injured worker's medications included Ultram ER, Fexmid, and Anaprox. The treatment plan encompassed the authorization of an MRI to evaluate disc herniation, continuation of medications, and the request for a lumbar spine epidural steroid injection at the L3-4 and L4-5. A request was received for a lumbar epidural steroid injection at L3-4 and L4-5. The rationale for the request was that the injured worker has failed all

conservative measures and had significant relief from the first epidural steroid injection. The Request for Authorization form was signed and submitted on 07/28/2014.

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

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

#### **Lumbar epidural steroid injection at levels L3-4, L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Epidural steroid injections (ESIs), therapeutic

**Decision rationale:** The request for a Lumbar epidural steroid injection at levels L3-4, L4-5 is not medically necessary. The Official Disability Guidelines recommend epidural steroid injections as a possible option for short-term treatment of radicular pain with corroborative findings of radiculopathy; with use in conjunction with active rehab efforts. Fluoroscopic guidance with use of contrast is recommended for all approaches as needle misplacement may be a cause of treatment failure. The criteria for a repeat epidural injection includes no more than two nerve root levels should be injected using transforaminal blocks; after initial block/blocks are given and pain relief is at least 50-70% for at least 6-8 weeks, additional blocks may be supported. Also, indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. Repeat injections should be based on continued objective documentation of pain relief, decreased need for pain medications, and functional response. Based on the clinical notes, the injured worker had a previous epidural steroid injection on an unspecified date. The injured worker reported that he had positive pain relief and would like to try another epidural steroid injection for pain relief. However, the clinical notes failed to indicate quantitative evidence of at least 50-70% pain relief for at least 6-8 weeks following the initial epidural steroid injection and is therefore not supported. There must be objective documented pain relief, decreased need for pain medications, and functional response to warrant the continued use of epidural steroid injections. The clinical notes indicated that the injection was to be performed at the L3-4 and L4-5 root levels, which would be supported by the guidelines. No more than two nerve root levels should be injected using transforaminal blocks. Additionally, the clinical notes indicated that his medications provided pain relief up to 2/4-10. The use of medications with that amount of pain relief does not warrant the use of an epidural steroid injections. Apparently, less invasive treatments provided adequate pain relief. Moreover, the clinical notes failed to identify acute exacerbations of pain, or a new onset of radicular symptoms. Therefore, due to lack of documentation indicating 50-70% pain relief over 6-8 weeks after the initial epidural steroid injection, an absence of acute exacerbations of pain, and the evidence that his medications provided adequate pain relief, the request is not supported. Thus, the request for a Lumbar epidural steroid injection at levels L3-4, L4-5 is not medically necessary.