

<b>Case Number:</b>	CM14-0139601		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant presents with chronic pain following a work related injury on 09/21/2011. The claimant reported back pain with right greater than left lower extremity symptoms. The pain is rated a 7/10. The claimant's medications included Hydrocodone, Cyclobenzaprine, Naproxen and Pantoprazole. The enrollee has tried physical therapy, LSO and TENS unit. According to the medical records the physical exam showed lower extremity neurologic evaluation demonstrating right L5 and S1 findings, motor and sensory as well as positive straight leg raise on the right and spasm of the lumboparaspinal musculature less pronounced. The claimant was diagnosed with neural encroachment right L4-5 and L5-S1 with radiculopathy, refractory.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient lumbar epidural steroid injection at the L4-L5 and L5-S1 levels:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Epidural steroid inject.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection, page(s) 47 Page(s): page(s) 47.

**Decision rationale:** Outpatient lumbar epidural steroid injection at the L4-5 and L5-S1 levels is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) page

47 states "the purpose of epidural steroid injections is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone is no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Initially unresponsive to conservative treatment, injections should be performed using fluoroscopy, if the ESI is for diagnostic purposes a maximum of 2 injections should be performed. No more than 2 nerve root levels should be injected using transforaminal blocks. No more than 1 interlaminar level should be injected at one session. 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 6-8 weeks, with the general recommendation of no more than 4 blocks per region per year. Current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. We recommend no more than 2 epidural steroid injections." The physical exam does corroborate lumbar radiculitis for which the procedure was requested; However there was a lack of documentation on how long the claimant trialed conservative therapy. Per California MTUS guidelines conservative therapy should be trialed with NSAIDs and physical therapy for at least 6 weeks; therefore, the requested service is not medically necessary.