

<b>Case Number:</b>	CM14-0151778		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/20/2012
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2014

### 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 Emergency Medicine and is licensed to practice in Florida. 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 patient is a 47 year-old with a date of injury of 06/20/12. A progress report associated with the request for services, dated 08/07/14, identified subjective complaints of neck and low back pain radiating into the extremities. There was burning and tingling in the right arm. Objective findings included tenderness to palpation and decreased range of motion of the cervical and lumbar spines. Motor function was mildly diminished in the distal lower extremities. There was decreased sensation in the C5-8 dermatomes on the right. Reflexes were diminished diffusely. MRI in July 2014 showed lumbar disc disease with neuroforaminal narrowing at L4-5 and L5-S1 bilaterally. Diagnoses included (paraphrased) cervical strain and lumbar radiculopathy. Treatment had included chiropractic, physical therapy, and NSAIDs. A Utilization Review determination was rendered on 08/08/14 and was determined not medically necessary of "LESI (Lumbar Epidural Steroid Injection) at L5-S1".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LESI (Lumbar Epidural Steroid Injection) at L5-S1: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Lumbar Epidural Steroid Injection Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections Other Medical Treatment Guideline or Medical Evidence: BMC Musculoskelet Disord. 2013; 14(206)

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Guidelines note that epidural steroids injections (ESI) offer short-term relief from radicular pain, but do not affect impairment or need for surgery. Criteria for ESIs include radiculopathy documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Further, no more than one interlaminar level should be injected at one session. The Official Disability Guidelines (ODG) states that an epidural steroid injection "... offers no significant long-term benefit." Criteria include objective findings of radiculopathy corroborated by imaging studies and/or electrodiagnostic testing. They should be done using fluoroscopy. During the diagnostic phase, a maximum of one to two injections and the second block is not indicated without 30% or more improvement from the first. No more than two nerve roots should be injected using transforaminal blocks and no more than one interlaminar level during one session. If there is a documented response to the therapeutic blocks (50-70% pain relief for at least 6-8 weeks), then up to 4 blocks per region per year may be used. Current research does not support "series-of-three" injections. The non-certification was based upon lack of the motor and reflex changes being focal. Radiculopathy is defined as nerve root impingement that has progressed enough to cause neurological signs and/or symptoms. Tests such as a positive straight leg-raising, motor function, dermatome sensory loss, and reflex impairment actually have a low correlation with radiculopathy. In this case, the claimant does appear to have symptoms of a radiculopathy as well as the objective findings of diminished reflexes and distal motor function. Likewise, the diagnosis is supported by imaging. Conservative measures have been attempted and failed. One injection is requested. This case is deemed medically necessary for an epidural steroid injection.