

<b>Case Number:</b>	CM14-0159650		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	03/26/2014
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 69-year-old male who reported a work related injury on 03/26/2014. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of lumbar disc displacement without myelopathy, thoracic or lumbosacral neuritis or radiculitis, unspecified radicular syndrome, and sciatica. The injured worker's past treatment has included therapy and medication management. The injured worker's diagnostic studies include MRI on an unspecified date which revealed a focal disc herniation to the left at L5-S1 level. Upon examination on 08/13/2014, the injured worker presented with severe left leg symptoms with some degree of left sided low back and buttocks complaints. Within the clinical note it was stated that the request for an L5 and S1 epidural steroid injection had been denied. The physician stated that the patient had left sided disc herniation at L5-S1; the radiologist who interpreted the films called it disc herniation as did he after reviewing the films. It was also noted that he injured worker had leg symptoms in the distribution which was consistent with the specific level of disc herniation. It was noted that his prior objective findings included sensation deficits which were consistent with L5 and S1 distribution. It was noted that the injured worker had already tried physical therapy and medication and still was symptomatic. The physician believes that the injured worker met every requirement for approval for an epidural steroid injection. It was noted that the prior denial stated an actually radiology report was not submitted for review. The prior denial stated there was no documentation provided of the treatment the injured worker has had thus far. The physician stated the denial for the injection was clearly unsubstantiated. The physician also stated the injured worker should be afforded the opportunity for epidural injections. The injured worker's prescribed medications were not provided for review. The treatment plan consisted of transforaminal epidural steroid injection at left L5-S1.

The rationale for the request was the injured worker had leg symptoms in the distribution which was consistent with disc herniation to the left at L5-S1 level. A Request for Authorization form was not submitted for review. The request for transforaminal epidural steroid injections to the left L5-S1 and S1 is not medically necessary.

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

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

#### **Transforaminal Epidural Steroid Injection Left L5-S1, S1: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend epidural steroid injections as an option for treatment of radicular pain which is defined as pain in the dermatomal distribution with corroborative findings of radiculopathy. Epidural steroid injections can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long term pain relief beyond 3 months. The purpose of an epidural steroid injection 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 offers no significant long term functional benefit. Criteria for the use of an epidural steroid injection includes: radiculopathy must be documented by physical examination and corroborated by imaging studies and/or Electrodiagnostic testing; initially unresponsive to conservative treatment to include exercise, physical therapy methods, NSAIDs, and muscle relaxants; injections should be performed using fluoroscopy for guidance; 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 1 session; repeat blocks should be based on continued objective documented pain and functional improvement; current research does not support a series of 3 injections in either the diagnostic or therapeutic phase. In regard to the injured worker, it was noted within the documentation that an MRI of the lumbar spine showed very focal disc herniation to the left at L5-S1 level. Additionally, it was noted that the injured worker had severe left leg symptoms with some degree of left sided low back and buttocks complaints. It was also noted that injured worker's leg symptoms in the distribution was consistent with that specific level of disc herniation. The findings of the MRI were corroborated with subjective evidence to indicate the need for an epidural steroid injection. Additionally, it was noted that the injured worker had physical therapy and medication management which was not effective. However, there is a lack of documentation of the specific MRI showing significant neurological deficits in specific dermatomal or myotomal distributions to indicate the need for an epidural steroid injection. Actual MRI findings would need to be

provided to determine the medical necessity for an epidural steroid injection. As such, the request for an epidural steroid injection is not medically necessary.