

<b>Case Number:</b>	CM14-0170677		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine and is licensed to practice in California. 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:

41years old female injured worker with date of injury 7/16/12 with related low back pain. Per progress report dated 10/16/14, the injured worker reported pain that radiated down the bilateral legs consistent with an L5-S1 disc protrusion, left greater than right. EMG of the lower extremities dated 8/19/14 revealed evidence suggestive of a mild left S1 radiculopathy. Per physical exam, tenderness was noted along the lumbar paraspinal muscles, iliolumbar and sacroiliac regions. Multiple trigger points were identified with a positive twitch response. Palpation of these areas elicited pain that radiated outwards. Straight leg raising test on the left caused pain that radiated all the way down to the left foot with some paresthesias reported. Straight leg raising test on the right elicited pain that radiated down to the right midcalf. Reflexes were within normal limits. Sensation was intact. MRI of the lumbar spine dated 8/8/14 revealed at L5-S1 disc desiccation as well as a broad-based posterior disc protrusion and right paracentral focal disc protrusion causing minimal effacement of the anterior aspect of the thecal sac. The disc protrusion measured approximately 4.5mm in AP diameter. There was only minimal mass effect upon the ventral aspect of the thecal sac and right-greater-than-left S1 nerve roots. Mild facet arthropathy was demonstrated. No foraminal encroachment otherwise appreciated. Treatment to date has included physical therapy and medication management.

### 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: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance. 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007) 8) Current research does not support "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review contains physical exam findings significant for radicular pain and paresthesias. However, the EMG findings were not suggestive of radiculopathy. The MRI findings indicated mass effect on the S1 nerves. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. Neurologic exam was within normal limits, so the medical indication is not affirmed. Therefore, the request for LESI (Lumbar Epidural Steroid Injection) at L5 - S1 is not medically necessary and appropriate.