

<b>Case Number:</b>	CM14-0178726		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	11/23/2004
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 patient is a 52-year-old male presenting with injury on November 23, 2004. The patient complained of neck, shoulder, knee and low back pain. The patient reported pain 4/10 with medications and a 10/10 without medication. The patient's medications included Norco, Gabapentin, Voltaren gel and Diprolene cream. Patient was also prescribed Phenergan and Codeine for an unspecified cough. Patient had a lumbar epidural steroid injection on June 17, 2014 and reported no relief. The physical exam was normal for lower extremity motor strength and reflexes, decreased sensation along the right L4-5 dermatomes, and positive straight leg raise bilaterally. The patient was diagnosed with shoulder pain, thoracic or lumbosacral unspecified neuritis or radiculitis, other affections of shoulder region not specified, pain in joint, unspecified myalgia and myositis, lumbar disc degeneration, lumbago, neck pain, cervical radiculopathy and cervical degenerative disc disease. A claim was made for one bilateral L4-5 transforaminal lumbar epidural steroid injection under fluoroscopic guidance and conscious sedation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Bilateral L4-L5 transforaminal lumbar epidural steroid injection under fluoroscopic guidance and conscious sedation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESIs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Complaints, Treatment Considerations.

**Decision rationale:** 1 Bilateral L4-L5 transforaminal lumbar epidural steroid injection under fluoroscopic guidance and conscious sedation is not medically necessary. The California 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 ODG states that in terms of sedation with epidural steroid injections, the use of IV sedation (including other agents such as modafinil) may interfere with the result of the diagnostic block, and should only be given in cases of extreme anxiety. Additionally, a major concern is that sedation may result in the inability of the patient to experience the expected pain and parathesias associated with spinal cord irritation. The claimant's physical exam is consistent with radiculopathy; however, the previous epidural steroid injection was reported as non-beneficial. Additionally, conscious sedation is not recommended in this case. The requested procedure is not medically necessary per ODG and CA MTUS guidelines.