

<b>Case Number:</b>	CM14-0179849		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	07/06/2013
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in Ohio and West Virginia. 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 individual is a 58 years old female with a 7/6/13 date of industrial injury. She had a second reported injury on 3/2/14. Pertinent complaints for this review are unremitting low back pain with bilateral leg pain 50% of the time. Physical examination findings included in the available medical record note decreased range of motion with flexion and extension and a positive straight leg test on the right. MRI scan of the Lumbar spine x 2 show compression fractures (chronic), multilevel degenerative disc disease and some lateral recess and foraminal stenosis. Her EMG study was reported as within normal limits. The individual had a QME evaluation 6/5/14: the physician recommended physical therapy and if it was unsuccessful then steroid injections. She has tried physical therapy multiple times as well as chiropractic manipulation: neither treatment have been found to be effective. The orthopedic spine physician recommended ESI on 8/27/14. The utilization review dated 10/17/14 was modified for Bilateral L4-5/L5-S1 TFESI; with certification for L4-L5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L4-5/L5-S1 TFESI:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." The individual has failed several trials of physical therapy, according to her physician. MTUS further defines the criteria for epidural steroid injections to include: 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The individual had an EMG which was negative for radiculopathy; however she has MRI findings of Foraminal Stenosis. She has tried conservative measures, including physical therapy, manipulation, medication and home exercise without relief. She has a positive straight leg raise. Subjectively, the individual has difficulty with standing and sitting for prolonged periods and complains of radiating leg pain. The QME provided in the medical record recommended the epidural steroid injections in the event that physical therapy was unsuccessful. Based on the criteria provided by the MTUS, the request is medically necessary.