

<b>Case Number:</b>	CM14-0182929		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	04/20/2006
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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 determination

### 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 case involves a 49 year old female injured worker with date of injury 4/20/06 with related low back and buttock pain. Per progress report dated 10/8/14, the injured worker complained of low back pain with right buttock pain with no complaints of left leg pain. Per physical exam, there was tenderness over the left sacroiliac joint; sciatic notch tenderness on the left; tenderness of the lumbar paraspinals on the right; straight leg raise test was positive on the right; and the Patrick's and Fabere's sign were positive on the right. MRI of the lumbar spine dated 9/12/14 revealed at L2-L3, 2mm central disc protrusion without spinal canal or neural foraminal narrowing. At L4-L5, 2mm diffuse disc bulge with central annular tear. No spinal canal or neural foraminal narrowing. Treatment to date has included physical therapy, TENS unit, home exercise program, and medication management. The date of UR decision was 10/23/14. The date of UR decision was 10/23/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection (ESIs) at L4-L5:** Upheld

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

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

**Decision rationale:** Per the MTUS Chronic Pain Medical Treatment Guidelines 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: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants; injections should be performed using fluoroscopy (live x-ray) for guidance; 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; no more than two nerve root levels should be injected using transforaminal blocks; no more than one 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 six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007); and 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. Upon review of the submitted documentation, the imaging studies available do not corroborate any findings of radiculopathy at the requested level. Therefore, this request is not medically necessary.