

<b>Case Number:</b>	CM14-0026018		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	09/01/2000
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 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:

55y/o male injured worker with date of injury 9/1/00 with related lumbar spine pain. Per 6/5/14 report, he was status post L4-L5, L5-S1 fusion with failed spinal cord stimulator system. He complained of constant and recently worsening low back pain with radiculopathy. He rated his pain 6-7/10 despite taking pain medication. Per physical examination, myofascial examination showed moderate-to-severe tenderness to palpation of the lumbar paraspinal muscle and bilateral gluteus region. Vertebral examination also showed moderate-to-severe tenderness over the L3-L4, L4-L5, and L5-S1 vertebral interspaces. Sensory examination of his lower extremities showed sensory deficit over the bilateral L4 and L5 dermatomes. He also had a positive straight leg raise test bilaterally at about 40 to 50 degrees. MRI of the lumbar spine dated 9/10/13 revealed probable scar tissue in the right lateral recess at L5-S1. Slight progression of multifactorial changes at L4-L5 including a synovial cyst abutting the left facet joint anteriorly and overall neural foraminal stenosis, which has slightly progressed. Progression at L3-L4 now with prominent foraminal stenosis, right greater than the left. Slight progression of changes at L3-L4 with neural foraminal stenosis more prominent. He has been refractory to surgery, spinal cord stimulator, physical therapy, chiropractic treatment, and medication management. The date of UR decision was 1/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LUMBAR EPIDURAL STEROID INJECTION L3-4:** Overturned

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

**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 a series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Review of the submitted documentation indicates that the injured worker meets the criteria for ESI. Per 6/5/14 progress report, which was unavailable to the UR physician, the injured worker had sensory deficits over the bilateral L4 and L5 dermatomes as well as decreased reflexes. These findings were corroborated by the 9/10/13 MRI study which noted foraminal stenosis at the L3-L4 level. Additionally, it was noted that the injured worker was refractory to treatment with spinal cord stimulator. The request is medically necessary.