

<b>Case Number:</b>	CM14-0037362		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/25/2001
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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:

57y/o female injured worker with date of injury 6/25/01 with related low back pain, bilateral hip pain, and bilateral foot pain. Per progress report dated 4/22/14, physical exam findings were as follows: "Exam of lumbar spine reveals healed scars. Positive spasm. Positive straight leg raising on the left to 60 degrees. Positive Lasegue sign. Decreased sensations L5-S1 on the left. Exam of the bilateral feet reveals positive Tinel sign bilaterally. There is still tenderness to palpation along the plantar-fascia." Included in the treatment plan is "LESI left side L5-S1x 1. The patient suffers from low back pain and lumbar radicular pain to the leg. The cause of the radicular pain is due to lumbar spinal stenosis as established by imaging studies, history and physical examination. This patient has failed conservative treatment measures of oral medications, activity modification, physical therapy and prolonged rest. Requesting authorization for a lumbar epidural steroid injection series.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumber epidural steroid injection left side L5-S1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Epidural steroid injection (ESIs).

**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" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Imaging studies or electrodiagnostic tests corroborating findings of radiculopathy were not included in the documentation submitted for review. The request is not medically necessary.