

<b>Case Number:</b>	CM14-0044559		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/16/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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:

A 48 years old male injured worker with date of injury 12/16/2013 with related low back and left leg pain. Per note dated 2/14/14, the injured worker complained of burning pain in the low back associated with numbness, tingling, and a sensation of pins and needles. MRI of the lumbar spine dated 2/4/14 revealed status post bilateral laminectomies at the L4-S1 and L5-S1 levels. L4-L5 4mm central disk bulge encroaching on the thecal sac with surrounding scarring most pronounced eccentric toward the left and likely Involving the descending left L5 nerve root. Signal characteristics in the bulging annulus suggested an annular tear. L5-S1 3 mm central disc bulge mildly encroaching on the thecal sac without nerve root encroachment. Signal characteristics suggested an annular tear. He was at the time working with restriction of no lifting greater than 25lbs. Per progress report dated 2/14/14, he had not yet received physical therapy. Treatment to date has included surgery, and medication management. The date of UR decision was 4/3/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left foraminal epidural steroid injection at L4-L5:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural Steroid Injections, 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: 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 series-of-three injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review indicates that the injured worker experienced weakness in the left leg and low back, as well as sensory deficit on the left at the S1 nerve root. Motor strength in the left peroneals was 4/5; otherwise, strength was 5/5 in the lower extremities. The MRI findings documented note at the requested level a 4mm central disk bulge encroaching on the thecal sac with surrounding scarring most pronounced eccentric toward the left and likely Involving the descending left L5 nerve root. These findings are supportive of radiculopathy. The UR physician is incorrect in their assertion that there was no corroboration of radiculopathy. Being refractory to surgery makes the need for conservative care obsolete, and it was likely performed in the injured worker's earlier treatment history. Therefore, the request of Left foraminal epidural steroid injection at L4-L5 is medically necessary and appropriate.