

<b>Case Number:</b>	CM14-0078285		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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 Family Medicine, and is licensed to practice in Ohio. 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 is a 30 year old female with a work related low back injury dated 10/19/2012 due to repetitive motion, according to the Utilization Review report. According to a Primary Treating Physician's Report dated 05/01/2014, the injured worker presented with persistent back and leg complaints that she rated a 6/10 on the pain scale, which had improved since her last visit. Diagnoses included herniated nucleus pulposus (HNP) of the lumbar spine and lumbar radiculopathy. Treatments have included a transforaminal epidural steroid injection on 04/17/2014, which she stated decreased her pain by approximately 20% and increased her sleep by two hours. Other treatments listed include medications which help decrease her pain from a 9/10 to a 6/10 on the pain scale and also help improve her activity and increased level of function. The treating physician states that they also requested authorization for physical therapy 2 x week for 4 weeks to the lumbar spine. Work status is noted as temporarily partially disabled x six weeks with restrictions. On 05/19/2014, Utilization Review non-certified the request for Transforaminal ESI(Epidural Steroid Injections) Left I4 and L5 Roots citing California Medical Treatment Utilization Schedule, Low Back Complaints. The Utilization Review physician stated that there was no evidence in the medical reports submitted that the injured worker has exhausted conservative treatment such as physical therapy prior to the proposed epidural steroid injection. Also, no corroboration of radiculopathy per an imaging or electrodiagnostic study was seen. In fact, an electrodiagnostic study of the lower extremities was negative for signs of nerve root entrapment. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal ESI(Epidural Steroid Injections) Left I4 and L5 Roots: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI (Epidural Steroid Injections).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Epidural steroid injections

**Decision rationale:** The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.(1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. Radiculopathy must be 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) and injection of contrast for guidance.(4) Diagnostic Phase: At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be 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) Therapeutic phase: If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. In this instance, the injured worker had a diagnostic and therapeutic lumbar epidural steroid injection on April 17, 2014. On May 1, 2014, two weeks later, the injured worker reported a 20% improvement in pain, her sleep increased by two hours, and she was walking with less pain. The Official Disability Guidelines require that radiculopathy be diagnosed by physical examination and either corroborated by imaging or electrodiagnostic testing prior to an epidural steroid injection. Additionally, for repeat injections to be necessary pain must diminished by 30% or more and there should be decreased pain medication consumption after the previous injection. In this instance, there is no electrodiagnostic evidence of radiculopathy and imaging results were not provided for review. Additionally, the documentation provided does not indicate an adequate response to the first epidural steroid injection to warrant a second. Consequently, Transforaminal

Lumbar Epidural Steroid Injections on the left at L4 and L5 are not medically necessary after review of the record provided.