

<b>Case Number:</b>	CM14-0079083		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/14/2007
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 Pain Medicine and Rehabilitation 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:

The injured worker is a 62-year-old male who is being treated for chronic low back pain. He had an epidural steroid injection on 8/13/13 and a bilateral L3-4, L4-5, and L5-S1 transforaminal ESI under fluoroscopy guidance with interpretation of lumbar epidurogram on 01/20/14. On 05/09/14 he reported that his pain is at 8/10 as it has been exacerbated by cold rains and has ranged 5-9/10 since the last visit. He reports that he received 80-90% reduction in overall low back and bilateral leg pain and symptoms after his lumbar transforaminal ESI on 02/10/2014, but it is fading very rapidly and is now nearly at pre-procedure level; he did have over 50% relief. He reported that he still has greatest pain over his right lower back and down his posterolateral right leg from hip to heel and the benefit of chronic pain medication maintenance regimen, activity restriction, and rest continue to keep his pain within a manageable level to allow him to complete necessary ADLs. Examination of LS spine exam shows moderate TTP over lumbar paraspinal musculature and bilateral SI joints. Flexion limited to 30 degrees. Extension limited to 15 degrees. Rotation limited to 45 degrees with mild pain. Diagnoses: Lumbar facet arthrosis, history of lumbar spine surgeries with the last surgery in 2008, bilateral lower extremity pain; right slightly worse than left, and bilateral lumbar radiculitis and sacroiliitis. He is on Norco, Flexeril, Ibuprofen, and Prilosec. The request for bilateral lumbar Transforaminal ESI at L3-4, L4-5, and L5-S1 was modified to TESI at x2 levels at L4-5, L5-S1 due to lack of medical necessity on 05/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral lumbar TF (transforaminal) L3-4, L4-5, and L5-S1 Transforaminal ESI's (epidural steroid injections): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As per CA MTUS guidelines, the purpose of ESI is 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 functional benefit. As per CA MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no clear evidence of radicular pain on exam. There is no imaging evidence of nerve root compression. There is no electrodiagnostic evidence of radiculopathy. There is no documentation of trial and failure of conservative management such as physiotherapy. Furthermore, it is not clear as to why 6 TF-ESI is requested instead of one intralaminar or caudal ESI. Therefore, the medical necessity of the request for ESI is not established.

**TESI (thoracic epidural steroid injections) at L4-5 and L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As per CA MTUS guidelines, the purpose of ESI is 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 functional benefit. As per CA MTUS guidelines, epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). The criteria stated by the guidelines for the use of ESIs include: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing and initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, there is no evidence of radicular pain on exam. There is no imaging evidence of nerve root compression. There is no documentation of trial and failure of conservative management such as physiotherapy. Therefore, the medical necessity of the request for ESI is not established.

