

<b>Case Number:</b>	CM13-0019110		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/15/2013
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Occupational Medicine, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in Montana. 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 an iron worker with a date of injury of 4/15/13. He has complaint of ongoing low back pain with radicular symptoms. His current diagnoses include lumbar strain, lumbosacral radiculopathy, facet syndrome, piriformis syndrome and chronic pain syndrome. Treatment has included epidural steroid injections, Tramadol, Relafen, Topamax and Zofran. Utilization review on 8/19/13 modified a request for lumbar epidural steroid block at L5-S1, paramedial epidural, and possible epidural selective block at L5 or S1, quantity 2, to allow one injection. On 10/1/13 he did have a lumbar paramedial epidural steroid injection on the right side at L5-S1 and lumbosacral selective epidural steroid injection on the right at the S1 level. The primary treating physician has requested lumbar epidural steroid block, L5-S1 paramedial epidural, and possible epidural selective block on L5 or S1 quantity 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid block, l5-s1 paramedial epidural, possibly epidural selective block on L5 or S1, QTY: 2: 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 Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The MTUS notes that epidural steroid injections are recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. Not recommended for spinal stenosis or for nonspecific low back pain. 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. During the diagnostic phase 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). During the therapeutic phase, if after the initial block/blocks are given 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. (8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. In this case the Utilization Review on 8/19/13 modified the original request for epidural steroid injections #2, certifying one injection. On 10/1/13 he did have lumbar paramedian epidural steroid injection on the right at L5-S1 and lumbosacral selective epidural steroid injection on the right at the S1 level. The medical records do not document the therapeutic response to the initial injections. As required by the MTUS the initial injection should provide an adequate documented response to support a second injection. Request for paramedial lumbar epidural steroid block at L5-S1 and epidural selective block at the L5 or S1 level, #2, is not medically necessary.