

<b>Case Number:</b>	CM14-0139624		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	03/16/2012
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 38 year old employee with date of injury of 3/16/12. Medical records indicate the patient is undergoing treatment for low back pain, DDD, sciatica, disc bulge, HNP, left knee pain, cervicgia, cervical radiculopathy, numbness, jaw pain and s/p discectomy surgery on 1/7/14. Subjective complaints include low back pain and lower extremity pain at L5 and S1 levels. His pain is rated as a 4/10 and is currently exacerbated by walking upstairs, prolonged sitting and standing. Lying down improves his pain level. Objective findings include tenderness over lumbar PSM at L4/5 and L5/S1 and decreased sensation at L5/S1 distribution. The patient has limited lumbar and cervical active range of motion. The patient has decreased strength at the innervated muscle groups at plantar and EHL. However, at this time his positive right straight leg raise is showing improvement. Treatment has consisted of home exercise, Medrol dose pack, Vicodin, Pennsaid and Ibuprofen. The utilization review determination was rendered on 8/26/14 recommending denial of a Lumbar L5-S1 Epidural Steroid Injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar L5-S1 Epidural Steroid Injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) . . . Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program." MTUS further defines the criteria for epidural steroid injections to include: 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. 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 treating physician has not documented by physical examination evidence of radiculopathy, but did not provide documentation of lumbar radiculopathy by electro diagnostic studies and has not provided imaging studies of a bulging disc. As such, the request for Lumbar L5-S1 Epidural Steroid Injection is not medically necessary.