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| <b>Case Number:</b>   | CM14-0189735 |                              |            |
| <b>Date Assigned:</b> | 11/20/2014   | <b>Date of Injury:</b>       | 04/20/1999 |
| <b>Decision Date:</b> | 01/08/2015   | <b>UR Denial Date:</b>       | 11/10/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/13/2014 |

### 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 and 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:

This case involves a 71 year old male injured worker with date of injury 4/20/99 with related low back pain and left lower extremity pain. Per progress report dated 10/30/14, he complained of pain in the left anterior thigh starting in the groin and radiating down towards the knee. He was status post two laminectomies and lumbar fusion at L4-L5 and L5-S1 in 2001. MRI of the lumbar spine dated 7/17/14, revealed disc protrusions and posterior hypertrophic changes with lateral recess stenosis. The documentation submitted for review did not state whether physical therapy was utilized. Treatment to date has included surgery, transforaminal epidural steroid injection, facet medial branch blocks, and medication management. The date of UR decision was 11/10/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L2-L3 transforaminal epidural steroid injection with fluoros:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 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: Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants); injections should be performed using fluoroscopy (live x-ray) for guidance; 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; no more than two nerve root levels should be injected using transforaminal blocks; no more than one interlaminar level should be injected at one session; and 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. 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 underwent a left L3 transforaminal epidural steroid injection on 9/24/14 with 50-60% improvement. It was not documented whether or not the injured worker was able to reduce medication usage. Pain relief was not sustained for 6-8 weeks as the documentation indicates that the injured worker reported low back pain and left extremity pain 5 weeks post injection. Based on the guidelines and the medicals reviewed, this request is not medically necessary.