

<b>Case Number:</b>	CM14-0191688		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	04/03/2008
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 New Jersey. 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 worker is a 44 year old male who was injured from 2/2001 to 4/3/2008. He was diagnosed with lumbar disc displacement and lumbar sprain/strain. He was treated with surgery (lumbar laminectomy), physical therapy, chiropractor treatments, home exercise, rest, and medications. Magnetic resonance imaging (MRI) from 8/14/14 showed moderate bilateral L3-4 foraminal stenosis, mild to moderate L4-5 foraminal stenosis, and moderate left L5-S1 foraminal stenosis. On 10/1/14, the worker was seen by his pain management physician reporting low back pain rated 7-8/10 on the pain scale, with associated radiating symptoms to bilateral lower extremities with numbness and tingling that do not pass his ankles and cramping of his calf muscles, all of which was worse than at his last appointment a few months earlier. He reported taking his pain medications. Physical examination findings included tenderness to lumbar paravertebral muscles with spasm, sacroiliac tenderness, positive Patrick test, positive Sacroiliac thrust test, positive Yeoman's test, positive Kemp's test, positive straight leg raise, positive Farfan test, restricted range of motion of the lumbar spine, tenderness of bilateral gastrocnemius muscles, decreased sensation in the bilateral L3 dermatome and intact sensation in "all other dermatomes". The MRI results were reviewed and the worker was then recommended bilateral L3-4 transforaminal epidural steroid injections and another transforaminal epidural steroid injection at the left L5-S1 level.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 transforaminal ESI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 45.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that epidural steroid injections are recommended as an option for treatment of lumbar radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) and can offer short term pain relief, but use should be in conjunction with other rehab efforts, including continuing a home exercise program. The criteria as stated in the California MTUS Guidelines for epidural steroid injection use for chronic pain includes the following: 1. radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing, 2. Initially unresponsive to conservative treatment (exercise, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs), and muscle relaxants), 3. Injections should be performed using fluoroscopy 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, and 8. Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase, and instead only up to 2 injections are recommended. In the case of this worker, although there was evidence suggesting risk of symptoms from his L5-S1 level based on magnetic resonance imaging (MRI) findings, the follow-up physical examination failed to confirm L5-S1 radiculopathy with documentation stating no symptoms below the ankle and no decreased sensation along the L5 dermatome. Therefore, the L5-S1 epidural injection is not medically necessary.