Case Number:	CM14-0198447		
Date Assigned:	12/09/2014	**Date of Injury:**	07/24/2012
Decision Date:	01/23/2015	**UR Denial Date:**	11/18/2014
Priority:	Standard	**Application Received:**	11/25/2014

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 Internal Medicine, has a subspecialty in Rheumatology, Allergy & Immunology and is licensed to practice in Texas. 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 is a year old with a date of injury of 07/24/12. She is being treated for lumbar disc disease, radiculopathy and lumbar stenosis, left L5-S1 radiculopathy. Subjective findings on 11/11/14 include pain in her lower back traveling down left leg posteriorly and laterally, left leg numbness and tingling and left leg cramping when supine or stretching. Symptoms have worsened since July and have not worked since. She also states that her most recent ESI on 8/27/14 failed to improve her pain and may have worsened it. Objective findings include lumbar spine midline shift, restricted ROM with flexion at 75 degrees and extension 15 degrees, paravertebral muscle spasm and tenderness, + straight left raise, reduced sensation to light touch on L5 dermatome-. MRI on 11/29/12 which demonstrates L5-S1 market disc degeneration & 7 mm spondylolisthesis with marked bilateral foraminal stenosis and left L5 nerve root compression, L4-L5 disc degeneration with bulging central 3 mm disc protrusion, anterolisthesis, bilateral lateral recess and foraminal stenosis, L4-5 instability and L2-3 mild disc degeneration. Treatment thus far has consisted of medications (cyclobenzaprine, Naprosyn, Prilosec, Tylenol extra strength), physical therapy 12 sessions, acupuncture, self-exercise program, heat and ice. She has also received a total of 4 ESI on 3/6/13, 10/23/13, 4/23/14 and 8/27/14. Utilization Review on 11/18/14 found the request for Left L5-S1 transforaminal epidural steroid injection (ESI) to be non-certified due to lack of improvement and actual worsening of pain after most recent ESI on 8/27/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 transforaminal epidural steroid injection: Upheld

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

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." The medical documents provided do conclude that other rehab efforts and home exercise program is ongoing. Additionally, there are objective findings were documented to specify the dermatomal distribution of pain. As seen by her previous 4 ESIs, she does meet criteria for treatment with ESI for chronic pain.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. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)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.Radiculopathy does appear to be documented with imaging studies. The patient is taking multiple medications and the progress reports do document "unresponsiveness" to the medications. Additionally, treatment notes do indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc.). However, as noted in the MTUS guidelines, there should be reduction in pain by 50% and a functional improvement; in this case, the pain after her last ESI may have actually worsened. As such, the request for L4-L5 and L5-S1 bilateral transforaminal lumbar epidural steroid injection is not medically necessary.