

<b>Case Number:</b>	CM14-0202097		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	11/06/2006
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Anesthesiology, has a subspecialty in Acupuncture & 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:

69y/o male injured worker with date of injury 11/6/06 with related bilateral low back pain. Per progress report dated 10/28/14, the injured worker reported radiation of pain through the bilateral L5 distribution, bilateral S1 distribution right greater than left, and both buttocks right greater than left. He also complained of left knee pain. The low back pain was described as aching, burning, severe, and constant with left lower extremity weakness and numbness in the bilateral lower extremities noted on the back. Per physical exam, deep tendon reflexes of the lower extremities were absent except for 1+ patella DTR on the left side. There was diminished light touch and pinprick sensation in L4, L5, S1 on the right side dermatomal distribution. There was a slowed antalgic gait. There was tenderness over the paraspinal muscles overlying the facet joints bilaterally and on the right side of the sacroiliac joints. Seated straight leg raising test was positive on the right side. Per CT scan of the cervical spine dated 9/19/14, there was multilevel degenerative disc disease. There was severe right neural foraminal narrowing at L4-L5. Treatment to date has included physical therapy, epidural steroid injection, 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:

**Transforaminal Epidural Steroid Injection Right L4:** Overturned

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

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

**Decision rationale:** Per the MTUS CPMTG 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: 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The documentation submitted for review contains physical exam findings of radiculopathy and imaging studies corroborating findings of radiculopathy at the requested level. The request is medically necessary.