

<b>Case Number:</b>	CM14-0207094		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	11/29/2006
<b>Decision Date:</b>	02/19/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

52y/o male injured worker with date of injury 11/29/06 with related low back pain. Per progress report dated 11/3/14, the injured worker complained of constant low back pain that radiated to both legs with weakness and limited range of motion. Per physical exam, there was positive straight leg raise, right greater than left, bilateral great toe weakness graded 4+/5, and increase in left gluteal spasm. It was noted that MRI was consistent with moderate stenosis at L4-L5. The documentation submitted for review did not state whether physical therapy was utilized. Treatment has included decompression at L5-S1 with posterior instrumentation, posterior lateral fusion at L5-S1 and interbody fusion at L5-S1 with iliac bone graft 7/22/10, as well as medication management. The date of UR decision was 11/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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" injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Per progress report dated 10/30/14, it was noted that the distal neurovascular exam was remarkable for mild weakness of the right anterior tibia and extensor hallucis longus. There was decreased sensation along the right L4-L5 distribution. It was noted that recent MRI was consistent with moderate stenosis at L4-L5 though MRI report was not available for review. The documentation indicates that the treatment plan was for referral to pain management for possible epidural steroid injection at L4-L5 level. I respectfully disagree with the UR physician, the documentation supports the requested procedure. The request is medically necessary.