

<b>Case Number:</b>	CM14-0078307		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	09/07/2013
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 43 year old patient with date of injury of 09/27/2013. Medical records indicate the patient is undergoing treatment for lumbar strain, degenerative lumbar disease, lumbar neuritis and displaced lumbar disc. Subjective complaints include low back pain, described as constant, sharp, stabbing and moderate to severe, radiates down bilateral lower extremities with numbness and tingling, pain rated at 6/10 without medications and 9/10 with medications, and difficulty sleeping. Objective findings include antalgic and slow gait, tenderness with palpation in spinal vertebral area L4-S1, range of motion of lumbar spine is moderately to severely limited, pain increases with flexion and extension, decreased sensation along L5-S1 dermatome in left lower extremity and straight leg raise positive on left. MRI of lumbar spine dated 09/19/2013 revealed mild to moderate degenerative changes of the lumbar spine from L3-L4 through L5-S1 levels, more conspicuous at L3-L4, apparent moderate central canal stenosis at L3-L4 due to a 4mm disc protrusion and bilateral mild neural foraminal narrowing at this level, subtle 2.5mm broad-based posterior disc protrusion at L4-L5 which is causing minimal central canal stenosis and bilateral neural foraminal narrowing, subtle neural foraminal narrowing at the L5-S1 level, more on the right side, likely due to degenerative facet disease. Treatment has consisted of physical therapy, chiropractic treatment, epidural steroid injections, Percocet, Norco, Norflex and Naprosyn . The utilization review determination was rendered on 05/01/2014 recommending non-certification of L3-L5 Lumbar Epidural Steroid Injection (ESI) with facet injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **L3-L5 Lumbar Epidural Steroid Injection (ESI) with facet injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria for the use of Epidural Steroid Injections

**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." There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of 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 a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Medical documentation provided does not indicate if other conservative treatments were tried and failed (exercises, physical therapy, etc). Additionally, there is no documentation of objective pain relief or functional improvement from the previous injection. As such, the request L3-L5 Lumbar Epidural Steroid Injection (ESI) with facet injection is not medically necessary.