

<b>Case Number:</b>	CM15-0005131		
<b>Date Assigned:</b>	01/16/2015	<b>Date of Injury:</b>	01/24/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old male sustained a work related injury on 01/24/2013. According to a Comprehensive Medical Legal Evaluation dated 12/15/2014 the injured worker was evaluated for bilateral low back pain radiating to right buttock, right posterior thigh and posterior calf with numbness of foot. Diagnoses included right L5-S1 radiculopathy with right L5 weakness, L5-S1 disc protrusion, L4-L5 disc protrusion, moderate L4-L5 central stenosis and lumbar facet joint arthropathy. According to the provider, the injured worker had failed physical therapy, nonsteroidal anti-inflammatory medication and conservative treatments. The previous fluoroscopically-guided right L4-L5 and right L5-S1 transforaminal epidural steroid injection provided 60 percent relief for 7 months. The provider noted that this was not a request for a 3rd epidural steroid injection in series, however, as the most recent epidural steroid injection was performed on 08/11/2013 over a year ago. The prior injection enabled the injured worker to work full time modified duty. The injured worker's only pain medication was Celebrex which the injured worker began taking 07/2014. Following the 08/13/2013 injection, the injured worker was not taking any pain medications. Work status included full time modified duty with no lifting greater than 10 pounds. On 12/22/2014, repeat fluoroscopically-guided right L4-L5 and right L5-S1 epidural steroid injection. The injured worker had already had two transforaminal epidural steroid injections at L4-5 and L5-S1. According to the Utilization Review physician, guidelines recommend no more than two epidural steroid injections. Guidelines cited for this review included CA MTUS Chronic Pain Medical Treatment Guidelines. The decision was appealed for an Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient repeat fluoroscopically-guided right L4-L5 and right L5-S1 epidural steroid injection:** Overturned

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

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

**Decision rationale:** The patient presents with bilateral low back pain radiating to right buttock, right post thigh and post calf with numbness of foot rated as a 7/10. The current request is for outpatient repeat fluoroscopically-guided right L4-L5 and right L5-S1 epidural steroid injection (ESI). The treating physician notes on 12/5/12 (B8) the ESI request is "to treat right lumbar radiculopathy with right lower extremity weakness." The treating physician continues on and documents that the previous ESI provided 60% relief for 7 months. The patient failed physical therapy, NSAIDs and conservative treatments. The prior injection enabled the patient to work full time modified duty. After the 8/13/13 lumbar epidural steroid injection, the patient was not taking any medication for pain. MTUS guidelines state the following criteria regarding ESI's: "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing," and "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." MTUS additionally states that, "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." ODG further clarifies this recommendation by stating the following: "Current research does not support a routine use of a 'series-of-three' injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment." The UR (A10) documents previous ESI's occurring on 5/9/13 and 8/1/13. In this case, the treating physician has documented that the patient's pain and symptoms resolved for 7 months following prior ESI. The patient unfortunately has return of the symptoms. The current request falls within the 'therapeutic treatment phase' and is therefore is medically necessary.