

<b>Case Number:</b>	CM15-0101466		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	08/29/2014
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

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

The injured worker is a 41 year old male, who sustained an industrial injury on 8/29/14. He has reported initial complaints of back, neck and right shoulder injuries. The diagnoses have included low back pain, bilateral leg pain, lumbosacral radiculopathy and neck pain. Treatment to date has included medications, diagnostics, activity modifications, pain management, psychiatric, physical therapy, and chiropractic. Currently, as per the physician progress note supplemental report dated 4/24/15, the injured started seeing the physician on 3/4/15 with low back pain complaints and bilateral posterior thighs. The symptoms worsen with activity and lying prone. The physical exam reveals that he is moderately tender over the left more than the right L4-L5 and L5-S1 levels with paraspinal spasms and guarding. There is moderate pain over the left sacroiliac region. Straight leg raise is positive on the left and referred to the left posterior thigh region but there is tightness in both legs. The motor strength is mildly compromised in the bilateral knee extension secondary to pain and deep tendon reflexes were ¼ throughout. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 3/27/15 reveals bone spur, central canal narrowing, disc protrusion, diffuse disc desiccation, mild bilateral hypertrophic facet joint disease and neural foraminal narrowing. The current medications included Imipramine, Tylenol #2 and Lidoderm patches. The previous physical therapy and chiropractic sessions were not noted in the records. The physician notes that he has attempted conservative treatments and he is currently working full time duties. Based on recent evaluations, the physician requested treatment included Bilateral L4-L5 transforaminal epidural steroid injection under fluoroscopic guidance.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral L4-L5 transforaminal epidural steroid injection under fluoroscopic guidance:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: Criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 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 patient has the documentation of low back pain however there is no included imaging or nerve conduction studies in the clinical documentation provided for review that collaborate dermatomal radiculopathy on exam for the requested level of ESI. Therefore, criteria have not been met and the request is not medically necessary.