

<b>Case Number:</b>	CM15-0102051		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/05/2015
<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: Massachusetts

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

The injured worker (IW) is a 58-year-old female who sustained an industrial injury on 03/12/2013. Diagnoses include lumbar disc degeneration, chronic pain-other, lumbar disc displacement, lumbar post laminectomy syndrome and lumbar radiculitis. Treatment to date has included medications, activity modification and epidural steroid injections. The MRI of the lumbar spine on 5/17/10 noted minimal bulging disc and minimal spondylosis with minimal stable bilateral neural foraminal narrowing, right greater than left, without significant spinal stenosis. An MRI of the lumbar spine on 3/27/15 showed a 4mm disc protrusion at L5-S1 abutting the descending S1 nerve roots bilaterally and the exiting right and left L5 nerve roots and biforaminal disc protrusions at L3-L4 with abutment of the exiting right and left L3 nerve roots. According to the Pain Medicine Re-Evaluation dated 4/14/15 the IW reported constant, moderate to severe low back pain radiating down the left lower extremity with constant numbness in the leg and foot. She rated the pain 6/10 on average, with medications and 9/10 on average without medications. The pain was aggravated by activity, bending, prolonged sitting and walking and improved with bed rest. On examination the L4 through S1 levels of the spinal vertebral areas were tender on palpation, range of motion was moderately limited due to pain and pain was increased with flexion and extension. Sensation was decreased in the left lower extremity and straight leg raise, seated, was positive on the left at 50 degrees. The motor exam was normal in the lower extremities bilaterally. Previous L5-S1 left transforaminal epidural steroid injection on 3/31/15 provided minimal (5-20%) overall improvement. A request was made for left L5-S1 interlaminar epidural steroid injection under fluoroscopy as a second diagnostic injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Left L5-S1 Interlaminar epidural steroid injection under fluoroscopy:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic) Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** The claimant sustained a work injury in March 2013 and continues to be treated for radiating back pain. When seen, an epidural steroid injection via a transforaminal approach two weeks previously had provided minimal overall improvement. There was a slow and antalgic gait and the claimant appeared to be in moderate distress. There was lumbar spine tenderness with decreased range of motion and pain. There was decreased left lower extremity sensation with positive straight leg raising. A second diagnostic epidural steroid injection using an interlaminar approach was requested with the intention of improved medication spread during the procedure. In terms of lumbar epidural steroid injections, guidelines recommend that, in the diagnostic phase, a maximum of two injections should be performed. A second block can be considered if there was possibility of inaccurate or suboptimal placement. In these cases, a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, the claimant had some, albeit minimal, improvement after the first injection. An alternative approach is being requested and should be considered as medically necessary.