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| <b>Case Number:</b>   | CM15-0105339 |                              |            |
| <b>Date Assigned:</b> | 06/09/2015   | <b>Date of Injury:</b>       | 09/14/1999 |
| <b>Decision Date:</b> | 07/10/2015   | <b>UR Denial Date:</b>       | 05/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/01/2015 |

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 79 year old male, who sustained an industrial injury on 9/14/99. He reported a cervical sprain, right acromioclavicular joint separation with shoulder fracture, lumbar strain, compression fracture of T12-L1 and right acetabular/pelvis fracture after a fall. The injured worker was diagnosed as having lumbar radiculopathy, multilevel degenerative disc disease, right hip pain and lumbar spondylosis. Treatment to date has included physical therapy, ORIF of pelvis fracture, bilateral carpal tunnel release and activity restrictions. (CT) Computerized tomography scan of lumbar spine performed on 2/11/15 revealed slight posterior osteophytosis and facet sclerosis with slight right sided neuroforaminal encroachment, L1-2 facet hypertrophy, L2-3 slight retrolisthesis with facet sclerosis and anterio osteophytic spurring, L3-4 facet hypertrophy, L4-5 broad based disc bulge, L5-S1 bilateral facet hypertrophy, postsurgical changes and atherosclerosis. Currently, the injured worker complains of low back pain, unchanged from previous visit, rated 4-5/10 at rest and 8/10 with activity. He is currently retired. He declines hip replacement at this time. Physical exam noted limited range of lumbar spine with spasm and tenderness to palpation to bilateral paraspinal muscles, tenderness to palpation to right SI joint and right hip limited range of motion with tenderness to palpation to lateral and posterior hip. The treatment plan included epidural steroid injection trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar Epidural Steroid Injection at L5-S1: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Section Page(s): 46.

**Decision rationale:** Epidural steroid injections are recommended by the MTUS Guidelines when the patient's condition meets certain criteria. The criteria for use of epidural steroid injections include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing; 2) Initially unresponsive to conservative treatment; 3) Injections should be performed using fluoroscopy for guidance; 4) If used for diagnostic purposes, a maximum of two injections should be performed, and a second block is not recommended if there is inadequate response to the first block; 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; 8) No more than 2 ESI injections. In this case, the injured worker had an MRI that revealed right-sided neuroforaminal narrowing at the L4-5 level. The subjective complaint of radiculopathy is not corroborated by the objective exam in which there is no documentation of the distribution of radiculopathy. Given the results of the MRI and lack of objective documentation, it is unclear why the ESI is requested at the L5- S1 level. The request for lumbar Epidural Steroid Injection at L5-S1 is determined to not be medically necessary.