

<b>Case Number:</b>	CM15-0105666		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	05/29/2009
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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 49 year old female, who sustained an industrial injury on 5/29/09. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar disc degeneration with bulging producing left-sided radiculitis/radiculopathy; postlaminectomy syndrome lumbar region; depressive disorder. Treatment to date has included status post laminectomy and microdiscectomy L4-L5, left medial facetectomy/foraminotomy L4-L5 (7/21/11); lumbar epidural steroid injection (1/21/14); physical therapy; medications. Diagnostics included EMG/NCV lower extremities (2/22/2010); MRI lumbar spine (12/30/11; 11/13/13; 1/9/14). Currently, the PR-2 notes dated 4/16/15 indicated the injured worker complains of low back pain described as stabbing, burning and constant, sharp radiating to the left buttock and left leg with numbness/paresthesia and weakness. She has tried ice, heat, NSAIDs and pain has not improved. The pain level is documented as 7-8/10. She has a previous lumbar epidural steroid injection on 1/21/14 with noted 50-60% relief. Physical examination notes paralumbar spasm is 2+; tenderness to palpation on the left. Atrophy is present in the quadriceps. On forward flexion, the injured worker is able to reach to the knees; lateral bending to the right is 0-10 degrees and left is 20-30 degrees with pain. Extension measures 0-10 degrees with bilateral resisted rotation diminished. Straight leg raise is positive at 40 degrees on the left. Range of motion of the spine is limited secondary to pain. Lower extremity deep tendon reflexes measure 2+ at the knees. Sensation to light touch is decreased on the left in the lateral thigh. Motor strength of the lower extremities measures 5/5 all groups bilaterally. A MRI of the lumbar spine dated 1/9/14 noted an impression of L4-5 there is moderate loss of disc height and signal intensity, 1-2mm anterolisthesis of L4 with respect to L5. There is 2mm bulging

of the annulus. There is evidence of a left hemilaminectomy and partial discectomy without canal or lateral recess stenosis or nerve root impingement. There is mild left inferior foraminal narrowing from disc bulge and facet hypertrophy without nerve root impingement. L3-4 notes a mild loss of disc signal with 2-3mm disc bulge and a 3mm left foraminal extrusion with annular tear mildly narrows the left neural foramen, lying adjacent to but not displacing the exiting left L3 nerve root, unchanged. Right-sided disc bulge does not result in significant right foraminal stenosis. The provider's treatment plan includes a request for authorization of a Left L4-L5 and L5-S1 transforaminal epidural steroid injections with epidurography and monitored anesthesia care.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left L4-L5. L5-S1 Transforaminal Injection at two levels with epidurography and monitored care anesthesia: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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: 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 provided clinical documentation for review does not show that prior ESI produced 50% reduction in pain lasting 6-8 weeks with reduction in medication usage. Therefore, the request is not certified.