

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0109431 |                              |            |
| <b>Date Assigned:</b> | 06/16/2015   | <b>Date of Injury:</b>       | 06/09/2009 |
| <b>Decision Date:</b> | 07/14/2015   | <b>UR Denial Date:</b>       | 05/22/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/08/2015 |

### 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: Arizona, California  
 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 (IW) is a 67-year-old male who sustained an industrial injury to the lower back on 06/09/2009. Diagnoses include L4 to S1 anterior lumbar interbody fusion 12/12/11, L3-4 disc herniation and stenosis and bilateral L3-4 radicular symptoms and findings. Treatment to date has included medications and surgery. According to the progress report dated 4/28/15 the IW reported lower back pain and weakness in the legs. Pain is aggravated by work duties of driving a forklift and twisting to see behind him. On examination, there was 70 degrees of lumbar flexion, straight leg raise test was negative bilaterally, sensation was normal in the lower extremities and weakness was noted in the bilateral quadriceps. Deep tendon reflexes were unobtainable in the lower extremities. MRI of the lumbar spine dated 2/20/15 found L3-4 disc protrusion with foraminal stenosis bilaterally with abutment of the exiting right L3 nerve root; mild to moderate central canal stenosis; and post-operative changes at L4-5 and L5-S1 with mild left foraminal stenosis at L5-S1. A request was made for lumbar epidural steroid injection per 04/28/15 order due to the IW's symptoms and MRI findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar epidural steroid injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural injections Page(s): 47.

**Decision rationale:** According to the guidelines, the 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. In this case, the weakness is noted in the quadriceps, which is consistent with the prior findings of L3 nerve involvement, The L4-L5 level does not show physical or radiological evidence of specific radicular /cord findings. As a result, the request for the ESI is not medically necessary.