

<b>Case Number:</b>	CM15-0013093		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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:

This is a 51 year old female injured worker who sustained an industrial injury on August 13, 2012. She has reported slipping and falling down stairs. The diagnoses have included right knee patellofemoral chondromalacia, medial meniscus tear of right knee, right shoulder impingement, protrusion L3-4 and L4-5 and median neuropathy. Treatment to date has included diagnostic studies, surgery, TENS unit, brace and medications. On January 7, 2015, the injured worker complained of right knee pain, low back pain, cervical pain and right shoulder pain. The low back pain was rated a 5 on a 1-10 pain scale and was associated with lower extremity symptoms. The cervical was associated with upper extremity symptoms on the right side greater than left and was rated as a 5/10 on the pain scale. On January 7, 2015, Utilization Review non-certified diagnostic epidural injection L3-4 and L4-5, noting the CA MTUS Guideline. On January 22, 2015, the injured worker submitted an application for Independent Medical Review for review of diagnostic epidural injection L3-4 and L4-5.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diagnostic epidural injection L3-L4 and L4-L5:** 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 ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 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 injection in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. Medical records indicate that the patient had an epidural steroid injection but the treating physician did not document functional improvement or at least a 50% reduction in pain. As such, the request for Diagnostic epidural injection L3-L4 and L4-L5 is not medically necessary.