

<b>Case Number:</b>	CM15-0130395		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	06/30/2014
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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, Massachusetts

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:

This 44 year old female sustained an industrial injury on 6/30/14. She subsequently reported back pain. Diagnoses include lumbar radiculopathy, disc protrusion, stenosis and facet joint pain. The injured worker continues to experience low back pain that radiates to the buttock and lower extremity. Upon examination, lumbar range of motion was reduced, tenderness to palpation was noted in the lumbar paraspinals and straight leg raise was positive on the right. A request for Fluoroscopically guided right L3-4 transforaminal epidural steroid injection with right L4 selective nerve root block was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fluoroscopically guided right L3-4 transforaminal epidural steroid injection with right L4 selective nerve root block:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46.

**Decision rationale:** According to MTUS, epidural steroid injections are "recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)... based on the following criteria: 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." From my review of the records the IW has both subjective exam evidence and physical exam evidence of radiculopathy that has not improved with conservative therapy and would benefit from an epidural injection. The guidelines clearly state that two nerve root levels are appropriate however more than two levels is not. Consequently the requested epidural steroid injection at both L3 and L5 is medically necessary.