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| <b>Case Number:</b>   | CM15-0130588 |                              |            |
| <b>Date Assigned:</b> | 07/17/2015   | <b>Date of Injury:</b>       | 12/21/2012 |
| <b>Decision Date:</b> | 08/12/2015   | <b>UR Denial Date:</b>       | 06/30/2015 |
| <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: 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:

The injured worker is a 54-year-old female, who sustained an industrial injury on December 21, 2012. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included epidural injection, medication, and an MRI. Currently, the injured worker complains of persistent back and lower extremity pain, described as aching, stabbing with a pins and needles sensation in her low back that radiates to her right lower extremity. Her pain is rated at 9-10 on 10. The injured worker is diagnosed with multilevel cervical disc desiccation and bulging with right extremity radiculopathy, L4-L5 spondylolisthesis and L2-L3 disc protrusion and bilateral lower extremity radiculopathy. Her work status is return to work with modification. An evaluation dated February 9, 2015 stated the injured worker received approximately 25% decrease in her symptoms lasting approximately 10 weeks from the epidural injection. Due to the efficacy received by the injured worker in the past a right L4-L5 transforaminal injection x1 is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L4-L5 transforaminal injection x1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. 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" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The medical documentation provided indicate this patient has had a previous ESI, the documented improvement was 25% decrease in symptoms that lasted approximately 2 1/2 months. This does not meet the guideline recommendations of 50% reduction in pain and reduction of medication use for 6-8 weeks. As such, the request for Right L4-L5 transforaminal injection x1 is not medically necessary.