

<b>Case Number:</b>	CM15-0132309		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	12/29/2011
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	07/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 51 year old female sustained an industrial injury to the low back on 12/29/11. Documentation did not disclose recent magnetic resonance imaging or previous treatment. In the only documentation submitted for review, a request for authorization dated 6/16/15, the injured worker complained of continuing low back pain extending down the right leg. Physical exam was remarkable for some breakaway weakness over the right great toe extensors, decreased sensation along the right lateral lower leg, slightly reduced Achilles reflex and positive right straight leg raise. Current medications included Relafen, Gabapentin and Prilosec. The physician noted that medications had been helpful for her pain complex. The injured worker did experience upset stomach. Current diagnoses included lumbar disc herniation at L5-S1 with probable right S1 radiculopathy, multilevel mild cervical disc degeneration with possible right cervical spine radiculopathy and possible right shoulder rotator cuff tendinitis. The treatment plan included continuing current medications and a right L5-S1 epidural steroid injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Transforaminal epidural steroid injection at right L5-S1: Upheld**

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

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

**Decision rationale:** Per the MTUS CPMTG epidural steroid injections are used 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 benefit. The criteria for the use of epidural steroid injections are as follows: 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. Per request for authorization dated 6/16/15, the injured worker complained of continuing low back pain extending down the right leg. Physical exam was remarkable for some breakaway weakness over the right great toe extensors, decreased sensation along the right lateral lower leg, slightly reduced Achilles reflex and positive right straight leg raise. Above mentioned citation conveys radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. Radiculopathy is defined as two of the following: weakness, sensation deficit, or diminished/absent reflexes associated with the relevant dermatome. The documentation submitted for review did not contain imaging studies corroborating radiculopathy, absent this, medical necessity cannot be affirmed.