

<b>Case Number:</b>	CM15-0133148		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	10/01/2011
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2015

### 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:

The injured worker is a 43-year-old male, who sustained an industrial injury on 10/01/2011. Diagnoses include post laminectomy syndrome lumbar region, unspecified myalgia and myositis, lumbago, chronic pain due to trauma and other chronic postoperative pain. Treatment to date has included surgical intervention (lumbar microdiscectomy, 2012), as well as conservative measures including diagnostics, acupuncture, physical therapy, rest, medications, heat, exercise and laying flat. Per the Primary Treating Physician's Progress Report dated 5/28/2015, the injured worker reported low back pain with radiation into the buttocks and down the leg, and right foot pain. Physical examination did not include a neurological physical evaluation. The plan of care included an epidural injection and authorization was requested for right selective epidural injection L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right selective epidural steroid injection at L5-S1 and S1 under fluoroscopy guidance with monitored anesthesia care:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs). Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG), Treatment Index, 13th Edition (web) 2015, 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 progress note dated 5/15/15, muscle stretch reflexes revealed 1+ in bilateral quadriceps and left gastroc-soleus and 0 in the right ankle. Sensation testing revealed impairment in the right S1 dermatomal distribution. MRI dated 5/1/14 revealed L4-L5 disc desiccation without narrowing and a 3-4mm central disc protrusion that abuts but does not compress the emerging left L5 nerve root, and an annulus fibrosus fissure was noted. At L5-S1, there was disc desiccation and a 3mm diffuse disc bulge with no nerve root compression, and post surgical changes. The MRI findings documented do not demonstrate findings consistent with radiculopathy at the requested level. 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. As the imaging studies available do not corroborate radiculopathy the first criteria is not met, the request is not medically necessary. Furthermore, it was noted that the injured worker was treated with epidural injection in the past, however, there was no documentation of pain relief or associated reduction in medication use.