

<b>Case Number:</b>	CM15-0136840		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	07/01/2013
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 59 year old female who sustained an industrial injury on 7/1/13 from repetitive movement resulting in hand and finger pain along with neck pain (per 3/18/15 note). She currently complains of lower extremity pain with numbness and tingling to the foot. Her pain level was 7/10. On physical exam of the lumbar spine there was diffuse tenderness to palpation over the lumbar paravertebral musculature, moderate facet tenderness over the L4 through S1, positive Faber's/ Patrick, sacroiliac thrust and Kemp's test, positive straight leg raise on the right and left seated and supine with decreased range of motion. Medications were Motrin, Tylenol. Diagnoses include cervical spine sprain/ strain with spondylosis; bilateral elbow pain; bilateral wrist tenderness; lumbar disc disease; lumbar radiculopathy; lumbar facet syndrome; bilateral sacroiliac joint sprain/ strain. Treatments to date include physical therapy; chiropractic manipulation; medication; rest; home exercise program. In the progress note dated 5/12/15 the treating provider's plan of care includes a request for transforaminal epidural steroid injection bilateral at L3-4 and L4-5 as she has failed conservative therapy of more than six weeks over 12 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Bilateral L3-L4 + L4-L5 TFESI: 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 injections Page(s): 47.

**Decision rationale:** According to the guidelines, the criteria for the use of Epidural steroid injections: Note: The purpose of ESI is 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 functional benefit. 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. In this case, there were some radicular signs but MRI documentation mentioned disc bulging and spondylosis. Here was no note of cord compression or involvement in the progress note on 2/19/15. In addition, the ACOENM guidelines do not recommend ESI due to their short-term benefit. As a result, the request for an ESI is not medically necessary.