

<b>Case Number:</b>	CM15-0162073		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	09/08/2003
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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 is a 54 year old male with a September 8, 2003 date of injury. A progress note dated August 7, 2015 documents subjective complaints (lower back pain radiating to the lower extremities, mid back, trapezius, and both thumbs; left leg pain posteriorly to the left foot; associated numbness and tingling; anxiety and depression), objective findings (normal muscle tone without atrophy in all extremities; decreased sensation in the left L4, L5, and S1 dermatomes; positive straight leg raise; spasm and guarding in the lumbar spine), and current diagnoses (long-term use of medications; lumbar disc displacement without myelopathy; pain in joint, lower leg). Treatments to date have included imaging studies, medications, and chiropractic treatments. The treating physician documented a plan of care that included left transforaminal epidural steroid injections at L4-5 and L5-S1 with lumbar epidurogram, contrast dye, IV sedation, and fluoroscopic guidance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Transforaminal Epidural Steroid Injection at L4-L5 and L5-S1, with Lumbar Epidurogram, Contrast Dye, IV Sedation, and Fluoroscopic Guidance: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), 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 report dated 8/7/15, physical exam did not show weakness of dorsiflexion or plantarflexion, however, neurological exam did show decreased sensation to light touch in the left toe, along the L5-S1 dermatome. Per progress report dated 6/12/15, deep tendon reflexes were 1+ to the left patella and 2+ to the right patella. MRI of the lumbar spine revealed at L4-L5 moderate to severe facet and ligamentum flavum hypertrophy with 3.5mm broad-based disc protrusion narrowing the AP diameter of the thecal sac. At L5-S1 moderate facet hypertrophy and disc spur complex with superimposed disc bulges causing moderate central foraminal stenosis. There was a more focal left paracentral disc extrusion into the lateral recess 4mm in thickness minimally deviated left S1 root. I respectfully disagree with the UR physician's assertion that the records lack documented evidence that the injured worker has undergone sufficient conservative treatment. Per the records, the injured worker has failed chiropractic treatment and medication management. The request is medically necessary.