

<b>Case Number:</b>	CM15-0162996		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	01/08/2015
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 49 year old male, who sustained an industrial injury on January 08, 2015. The injured worker reported an injury to the low back and right knee while at work. The injured worker was diagnosed as having chronic pain, lumbar radiculopathy, diabetes mellitus, and obstructive sleep apnea. Treatment and diagnostic studies to date has included x-ray to the right knee, x-ray to the lumbosacral spine, use of a knee immobilizer, magnetic resonance imaging of the right lower extremity joint, bilateral lumbar five to sacral one interlaminar epidural steroid injection with fluoroscopy, and medication regimen. In a progress note dated July 13, 2015 the treating physician reports complaints of constant, sharp, burning, stabbing, severe pain to the low back that radiates to the bilateral lower extremities along with constant numbness and tingling to the bilateral lower extremities. Examination reveals spasm to the lumbar paraspinal muscles, decreased range of motion to the lumbar spine with pain, decreased sensation to the lumbar four to five dermatome to the right lower extremity, positive straight leg raise to the right lower extremity, and slow, antalgic gait. The injured worker's pain level was rated an 8 out of 10 with the use of his medication regimen and rates the pain a 10 out of 10 without the use of the injured worker's medication regimen. The treating physician noted magnetic resonance imaging of the lumbar spine performed on March 03, 2015 that was revealing for lumbar spondylosis at lumbar four to five and lumbar five to sacral one, lumbar five to sacral one disc protrusion with mild to moderate narrowing of the neural foramina bilaterally, and lumbar four to five osteophyte disc complex. The treating physician noted that the injured worker had 50% improvement in symptoms post transforaminal epidural steroid injection to the right lumbar four through sacral

one. The treating physician requested bilateral lumbar five to sacral one interlaminar epidural steroid injection with fluoroscopy with the treating physician noting that the injured worker had prior injection as noted above.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Left L5-S1 Interlaminar Epidural Steroid Injection with Fluoroscopy, QTY: 1: 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 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 the medical records, the injured worker underwent bilateral L5-S1 epidural steroid injections on 6/12/15 without significant relief of painful symptoms or increased function. Per the above noted citation, 50% pain relief with associated reduction in pain medication usage for 6-8 weeks is necessary for repeat injection. As the criteria is not met, the request is not medically necessary. Furthermore, the request for bilateral interlaminar ESI is not possible.

#### **Right L5-S1 Interlaminar Epidural Steroid Injection with Fluoroscopy, QTY: 1: 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 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. The documentation submitted for review does not contain physical exam findings of radiculopathy or clinical evidence of radiculopathy. The MRI findings documented do not demonstrate findings consistent with radiculopathy. 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. These findings are not documented, so medical necessity is not affirmed. As the first criteria is not met, the request is not medically necessary. Per the medical records, the injured worker underwent bilateral L5-S1 epidural steroid injections on 6/12/15 without significant relief of painful symptoms or increased function. Per the above noted citation, 50% pain relief with associated reduction in pain medication usage for 6-8 weeks is necessary for repeat injection. As the criteria is not met, the request is not medically necessary. Furthermore, the request for bilateral interlaminar ESI is not possible.