

<b>Case Number:</b>	CM15-0166063		
<b>Date Assigned:</b>	09/03/2015	<b>Date of Injury:</b>	12/19/2012
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/24/2015

### 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: North Carolina

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 51 year old female with an industrial injury dated 12-19-2012. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar radiculopathy and low back pain. Treatment consisted of diagnostic studies, prescribed medications, epidural steroid injection (ESI) and periodic follow up visits. In a progress note dated 07-29-2015, the injured worker reported ongoing severe pain in her back radiating down her legs. Objective findings (06-15-2015 to 07-27-2015) revealed limited lumbar range of motion with low back pain, tenderness to palpitation over midline and bilateral paraspinals at L4-S1, muscle tightness in the low lumbar region, positive bilateral straight leg raises, and generalized deconditioning in the lower extremity. Decreased sensation over the left L5 and S1 dermatomes and mildly over the right L5 dermatome were also noted on exam. Medical records (04-09-2015) indicate that the Magnetic Resonance Imaging (MRI) revealed unequivocally central disc herniation at L5-S1 and a foraminal protrusion of the disc and degeneration at L4-5 on the right. In a physician report dated 07-29-2015, the treating physician reported significant benefit with the previous epidural steroid injections on 12-10-2014 with a 60-70% pain reduction of the low back and bilateral leg for a period of three months. The treating physician also reported significant functional improvement consisting of increase in standing and walking three times longer, prior to injections. The treating physician prescribed services for repeat bilateral lumbar, L4-L5, transforaminal epidural steroid injection now under review. Utilization Review determination on 08-11-2015 denied the request for repeat bilateral lumbar, L4-L5, transforaminal epidural steroid injection.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat Bilateral Lumbar, L4-L5, Transforaminal Epidural Steroid Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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. The provided clinical documentation for review does meet criteria for repeat ESI and the request is medically necessary.