

<b>Case Number:</b>	CM15-0167017		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	07/28/1999
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine

### 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 66-year-old male who sustained an industrial injury on July 28, 1999 resulting in radiating in low back pain. Diagnoses have included status post lumbar fusion, chronic low back pain, right leg sciatica, failed back syndrome and Lumbar radiculopathy to the left lower extremity. Documented treatment includes lumbar fusion, physical therapy, activity modification, rest, and medication, which he has reported to decrease his pain and enable him to function. The injured worker continues to report increased sciatic pain, which is worse on the left and impairs his ability to walk and sleep. The treating physician's plan of care includes bilateral lumbar epidural steroid injections at L4-S1. Current work status is permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI L4-S1 Bilateral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Epidural Steroid Injections.

**Decision rationale:** Epidural steroid injections (ESIs) are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Most current guidelines recommend no more than 2 ESI injections. Research has shown that, on average, less than two injections are required for a successful ESI outcome. Epidural steroid injections can offer short-term pain relief and use should be in conjunction with other rehab efforts. The purpose of ESIs 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. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. CA MTUS guidelines state radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The patient must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Other criteria for ESIs include, no more than 2 nerve root levels to be injected using transforaminal blocks, or more than one (1) intralaminar level injected per session. In this case, there are no objective findings on physical exam or corroborating diagnostic findings of radiculopathy. MTUS and ODG guidelines do not support treatment with lumbar ESIs in the absence of radiculopathy. Medical necessity for the requested service has not been established. The requested L4/S1 epidural steroid injection is not medically necessary.