

<b>Case Number:</b>	CM15-0169624		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	06/09/2014
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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 61 year old female, who sustained an industrial injury on 06-09-2014. She has reported injury to the head, neck, and low back. The diagnoses have included headache, post-traumatic, chronic; post-concussion syndrome; cervical sprain-strain; lumbago; sciatica; lumbar sprain-strain; lumbar muscle spasm; lumbar disc protrusion; and lumbar radiculopathy. Treatment to date has included medications, diagnostics, acupuncture, chiropractic therapy, and physical therapy. Medications have included Tramadol, Norco, Naproxen, Norflex, and Prilosec. A progress report from the treating physician, dated 06-01-2015, documented an evaluation with the injured worker. The injured worker reported occasional to intermittent to frequent moderate to severe throbbing low back pain with stiffness and cramping, radiating to the lower extremities, left more than right. Objective findings included +3 tenderness to palpation of the lumbar paravertebral muscles; there is spasm of the lumbar paravertebral muscles; the lumbar ranges of motion are decreased and painful; Kemp's causes pain bilaterally; and sitting straight leg raise causes pain bilaterally. The treatment plan has included the request for lumbar epidural steroid injection for left sided L4-5, L5-S1. The original utilization review, dated 08-18-2015, non-certified a request for lumbar epidural steroid injection for left sided L4-5, L5-S1, as the need cannot be determined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **Lumbar epidural steroid injection for left sided L4-5/ L5-S1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**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, the claimant did have radicular findings but EMG results or imaging was not provided to determine anatomic correlation. In addition, there was no mention of use of fluoroscopy. The request for the ESI was not substantiated and therefore not medically necessary.