

<b>Case Number:</b>	CM15-0169929		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	12/16/2008
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/12/2015
<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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 37 year old female, who sustained an industrial injury on December 16, 2008. The injured worker was diagnosed as having degeneration of the lumbar intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, sciatica, lumbago, spondylosis, spasm of muscle, and lumbar sprain. A procedure note dated March 16, 2015 indicated the injured worker underwent a lumbar epidural steroid injection. On March 20, 2015 the injured worker had limited lumbar spine range of motion, ambulated with an antalgic gait and had no changes in her oral medications. An evaluation on March 31, 2015 revealed the injured worker reported better control of her pain with MS Contin and had increased its frequency of use to three times per day. There was no improvement in her functional abilities documented. An evaluation on April 9, 2015 revealed the injured worker continued to have low back pain with radiation of pain to the bilateral lower extremities. She reported that her pain was controlled with medications and her pain score was 4 on a 10-point scale. On April 30, 2015 the injured worker reported a pain scale of 0 on a 10-point scale. Her opioid medications were continued and the evaluating physician noted that she has not worked since March 27, 2014. Currently, the injured worker rates her pain a 3 on a 10-point scale. She reports that her pain continues to worsen without her Hysingla ER. On physical examination the injured worker has limited lumbar spine range of motion and tenderness to palpation over the bilateral lumbar facets. She has positive straight leg raise and an antalgic gait. The evaluating physician notes that the injured worker had greater than 80% pain relief for four months following a lumbar transforaminal epidural steroid injection performed in February, 2015. Treatment to date has included NSAIDS, topical anti-inflammatory medications,

opioid medications, physical therapy, home exercise program, chiropractic therapy, diagnostic imaging, and bilateral L4-5 and L5-S1 transforaminal epidural steroid injection on March 16, 2015. A request for bilateral L5-S1 lumbar transforaminal epidural steroid injection was received on August 5, 2015. The Utilization Review physician determined on August 12, 2015 that a bilateral L5-S1 lumbar transforaminal epidural steroid injection was not medically necessary.

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

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

#### **Bilateral L5/S1 Transforaminal Epidural Steroid Injection one time: Upheld**

**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:** Based on the 7/30/15 progress report provided by the treating physician, this patient presents with low back pain radiating into bilateral legs, with pain rated 3/10 on VAS scale. The treater has asked for BILATERAL L5/S1 TRANSFORAMINAL EPIDURAL STEROID INJECTION ONE TIME on 7/30/15. The patient's diagnoses per request for authorization dated 8/5/15 are lower back pain, lumbar sprain, spasm, sciatica, and lumbar radiculitis. The patient is s/p a thoracolumbar back brace which was prescribed 7/30/15. The patient has not had prior epidural steroid injection per review of reports. The patient denies any side effects except Morphine which gives her sweating and depression per 6/26/15 report. The patient has not had surgery to the lumbar per review of reports. The patient's work status is permanent and stationary, and has not worked since 3/27/14. MTUS Guidelines, Epidural Steroid Injections section, page 46: "Criteria for the use of Epidural steroid injections: 1. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 3. Injections should be performed using fluoroscopy (live x-ray) for guidance. 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 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. In this case, the treater is requesting a repeat lumbar epidural steroid injection for the management of this patient's chronic lower back pain. The patient had a prior epidural steroid injection at bilateral L4-5 and L5-S1 on 3/16/15. However, subsequent progress reports dated 3/29/15, 3/31/15, 4/30/15, 5/29/15, 6/26/15, and 7/30/15 do not mention the prior epidural steroid injection. The current request is for a repeat bilateral L5-S1 epidural steroid injection. However, MTUS does not recommend repeat injections unless there is documentation of functional improvement along with 50% pain relief and reduction in medication usage for 6-8 weeks. Due to a lack of documentation of benefit from prior epidural steroid injection, the request IS NOT medically necessary.