

<b>Case Number:</b>	CM15-0183221		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	09/11/2014
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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:

This 37-year-old male sustained an industrial injury on 9-11-14. Documentation indicated that the injured worker was receiving treatment for lumbar radiculopathy. The injured worker underwent decompression and discectomy at left L4-5 on 12-29-14. The injured worker received postoperative physical therapy and medications. The injured worker underwent transforaminal epidural steroid injections at left L5 on 5-14-15. In an office visit dated 6-10-15, the injured worker reported that the injection was "quite helpful" for several days but the pain was slowly returning at the time of the exam. In an orthopedic evaluation dated 7-14-15, the injured worker reported that epidural steroid injection at left L5 helped temporarily but had worn off. In an office visit dated 8-26-15, the injured worker complained of ongoing low back and left leg pain. The injured worker was taking Ibuprofen for pain. The physician noted that the injured worker had not tried any neuropathic medications. Physical exam was remarkable for low back with "diminished" range of motion in all planes, tenderness to palpation along the lumbosacral junction and lumbar facets, positive bilateral straight leg raise with paresthesias at L5 bilaterally, diminished sensation to light touch in bilateral L4-S1 distribution and "slightly decreased" reflexes. The injured worker walked with a "normal" gait and could heel and toe raise well bilaterally. The treatment plan included bilateral L5 transforaminal epidural steroid injections, a pain psychology referral for biofeedback and possible spinal cord stimulator and medications (Lyrica and Zipsor). On 9-3-15, Utilization Review noncertified a request for bilateral transforaminal epidural steroid injections at L5.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Bilateral transforaminal epidural steroid injection at L5: 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:** 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 submitted for review, it was noted that the injured worker underwent an epidural steroid injection on 5/14/15 but continued to have pain with burning sensation into his legs in the L5 distribution. As the criteria for repeat injection calls for documented pain and functional improvement, including at least 50% pain relief with an associated reduction of medication use for six to eight weeks, medical necessity is not medically necessary.