

<b>Case Number:</b>	CM15-0184081		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/19/1988
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 61 year old female, who sustained an industrial injury on 05-19-1988. She has reported subsequent low back and left leg pain and was diagnosed with lumbar degenerative disc disease with collapse, lumbar disc displacement with myelopathy and chronic low back pain. MRI of the lumbar spine dated 05-18-2015, showed 1-2 mm bulge in the annulus with central annular fissure at the L5-S1 disc space which was desiccated, desiccated and narrowed L4-L5 disc space, 4 mm left paracentral subligamentous extruded disc herniation which extended inferior to the disc level for 3 mm through a tear in the inferior annular fibers, hypertrophic change to the medial facet joints and left ligamentum flavum with moderate proximal left L5 lateral recess stenosis and minimal central canal stenosis. Treatment to date has included pain medication, physical therapy and 2 epidural steroid injections (one in 2013 and 2014). Documentation noted that the epidural injections both markedly improved or diminished pain in the back as well as down to the left leg. In a neurosurgical consultation note dated 08-13-2015, the injured worker was noted to have been referred for evaluation of chronic low back pain and recent left radicular pain. There were no abnormal objective examination findings documented. The physician noted that since the injured worker benefited from an epidural injection in 2013 and 2014, a trial of an epidural injection was very appropriate. A request for authorization of epidural steroid injection, lumbar L4-L5, outpatient was submitted. As per the 08-24-2015 utilization review, the request for epidural steroid injection, lumbar L4-L5, outpatient was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Epidural Steroid Injection, Lumbar L4-L5, outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Summary, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic), Epidural steroid injections (ESIs), therapeutic.

**Decision rationale:** MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. MTUS further defines the criteria for epidural steroid injections to include: 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 series-of-three injections in either the diagnostic or the therapeutic phase. We recommend no more than 2 ESI injections. Radiculopathy does appear to be documented with imaging studies. Medical documentation provided indicates that this patient has had previous ESI's, however; the medical documentation provided does not indicate therapeutic response as outlined in the above guidelines. As such, the request for Epidural Steroid Injection, Lumbar L4-L5, as outpatient is not medically necessary at this time.