

<b>Case Number:</b>	CM15-0185204		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	09/18/2013
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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 40 year old male, who sustained an industrial injury on 9-18-2013. The injured worker is undergoing treatment for: large L5-S1 disk herniation with radiculopathy. Several pages of the medical records are dated prior to the injury date. On 6-4-15, he reported low back pain with numbness of the right foot and toes, and tingling in the right leg. He reported Soma as helping. The records do not describe how Soma was helping. Physical examination revealed the lumbar spine is straight and with decreased range of motion, no spasm or tenderness and the right foot has diminished sensation. On 7-13-15, he reported bilateral leg and back pain. There is notation that another physician felt the injured worker was not a neurosurgical candidate. Physical examination of the lower extremities revealed positive straight leg raise bilaterally, normal toe rise, heel gait, neurologic normal exam. There is no documentation regarding examination of the back. The treatment and diagnostic testing to date has included: unclear amount of completed physical therapy reported as "not progressed really whatsoever"; unclear amount of completed chiropractic care; TENS unit, and medications. Medications have included: Naprosyn, Norco, Norflex, Soma, and Ibuprofen. Current work status: modified duty. The request for authorization is for: lumbar epidural steroid injection at L5-S1. The UR dated 8-27-2015: non-certified the request for lumbar epidural steroid inject at L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LESI L5-S1:** Overturned

**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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back -Lumbar & Thoracic (Acute & Chronic) chapter under Epidural steroid injections.

**Decision rationale:** The 40 year old patient complains of lower back pain, rated at 6-7/10, radiating to bilateral legs along numbness in the right foot involving the 4th and the 5th toes, as per progress report dated 07/16/15. The request is for LESI L5-S1. The RFA for this case is dated 08/20/15, and the patient's date of injury is 09/18/13. Diagnoses, as per progress report dated 07/16/15, included lower back pain with radiculopathy and lumbar foraminal stenosis. Medications included Norco, Gabapentin, Flonase, Lopid, Nortriptyline and Soma. Diagnoses, as per progress report dated 07/13/15, included large L5-S1 disc herniation with radiculopathy. The patient is on modified duty, as per progress report dated 07/16/15. The MTUS Chronic Pain Guidelines 2009 has the following regarding ESI under Epidural Steroid Injections (ESIs) section, page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "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." ODG guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) chapter under Epidural steroid injections (ESIs), therapeutic state: At the time of initial use of an ESI (formally referred to as the diagnostic phase as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections. In this case, none of the progress reports indicate prior ESI to the lumbar spine. The request for an ESI was first noted in progress report dated 02/26/15, in which the treater states the injection likely will not have a dramatic benefit but is worth trying. This request was denied. The request for an ESI is also noted in several recent reports. The patient does suffer from lower back pain that radiates to bilateral lower extremities. He has tried conservative care in form of physical therapy, chiropractic care, and TENS unit, and has also consulted a neurosurgeon who did not think the patient was a surgical candidate, as per progress report dated 07/16/15. Physical examination of the lumbar spine, as per progress report dated 07/13/15, revealed positive straight leg raise on the right at 50 degrees with pain in his knee, and on the left at 60 degrees with pain not quite to his knee. There is decreased sensation in the lateral aspect of the right foot, as per progress report dated 06/04/15. MRI of the lumbar spine, dated 10/08/14 and reviewed in progress report dated 05/07/15, revealed mild disc space narrowing at L5-S1 with large disc protrusion, and moderate right and mild left foraminal narrowing. Given the radicular pain and the corroborating evidence during physical examination and MRI, the request appears reasonable and is medically necessary.