

<b>Case Number:</b>	CM15-0190868		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	09/07/2012
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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: North Carolina

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 59 year old male who sustained an industrial injury 09-07-12. A review of the medical records reveals the injured worker is undergoing treatment for right lumbar radiculopathy, possibility of lumbar facet pain, degenerative disc disease, insomnia due to pain, and depression. Medical records (08-11-15) reveal the injured worker complains of persistent low back pain rated at 7/10 without mention of medications. "He feels his last lumbar epidural steroid injection is not worn off and has noted increase pain." He is requiring an increased amount of hydrocodone for pain control. The documentation supports the injured worker received a right L4-5 interlaminar epidural steroid injection on 03-18-15. The physical exam (08-11-15) reveals anxiety, as well as spasms noted in the lumbar paraspinal muscles and stiffness noted in the lumbar spine. Tenderness is noted in the lumbar facet joints. Dysesthesia is noted to light touch in the right L5 dermatome. Prior treatment includes medications, chiropractic treatments, heat and cold packs, back support, physical therapy, work modifications, and epidural steroid injection, and psychotherapy. The treating provider reports the MRI of the lumbar spine (11-14-12) shows a L5-S1 disc protrusion that contacts the origin of both S1 nerves. The original utilization review (09-01-15) non certified the request for a right lumbar epidural block at L4-5 and L5-S1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right lumbar epidural block L4-5 and L5-S1: 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:** The California chronic pain medical treatment guidelines section on epidural steroid injections (ESI) states: 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. The patient has the documentation of back pain however there is no documentation that previous ESI produced 50% reduction in pain lasting 6-8 weeks with decrease in medication usage. Therefore the request is not medically necessary.