

<b>Case Number:</b>	CM15-0190960		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	05/02/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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:

This injured worker is a 47 year old male who reported an industrial injury on 5-2-2011. His diagnoses, and or impressions, were noted to include: lumbar spine radiculopathy; and lumbar 3-4 & lumbar 4-5 disc protrusions. Recent magnetic imaging studies of the lumbar spine were done on 5-21-2015, noting disc protrusion, facet arthropathy, moderate-severe foraminal stenosis, and mild-moderate central stenosis. His treatments were noted to include: a home-base exercise program; medication management with narcotic contract and toxicology studies; and a return to full-time light duty work. The progress notes of 7-30-2015 reported: constant bilateral low back pain, rated 4-7 out of 10, in the lumbar 4-5 distribution, with spasms and weakness, that increased with prolonged sitting, activities, and Valsalva maneuvers, and relieved by > 60% with Norco; that his sleep was impaired secondary to pain; and that he had difficulty preparing meals secondary to pain. The objective findings were noted to include: obesity; an antalgic gait that favored the right side; a decreased lumbar lordotic curve; tenderness over the lumbar 3-5 spinous process and bilateral sciatic notches; reduced sensation in the right lower extremity, lumbar 4, distribution; positive bilateral straight leg raise; difficulty with heel-to-toe walk; decreased right "FHL"; limited "FROM" at extremes secondary to pain; and positive facet loading. The physician's requests for treatment were noted to include lumbar 3-5 epidural steroid injection under fluoroscopic guidance, x 1. No Request for Authorization for lumbar 3-4 & lumbar 4-5 epidural steroid injections were noted in the medical records provided. The Utilization Review of 9-8-2015 non-certified the request for lumbar 3-4 & lumbar 4-5 epidural steroid injections.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **L3-L4 lumbar epidural injection per 7/30/15 order: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** 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.

### **L4-L5 lumbar epidural injection per 7/30/15 order: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

**Decision rationale:** 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.